

Enrollment Application 2024-2025

Presbyterian Weekday School

First Presbyterian Church, 1621 E. Garrison Blvd., Gastonia, NC 28054, Phone 704-864-2651 x111

Child's Name: _____
Last First Name child is called

Address: _____
Street City State Zip

Child's Date of Birth: ____/____/____ Gender: M F

Previous Preschool Experiences? Yes No If yes, where? _____

Number of Siblings: ____ Ages: _____ Name(s) of siblings who attend PWS: _____

Parent's Marital Status (circle): married divorced single widowed Legal Custody: Yes No Joint

Mother/Legal Guardian: _____
Name Cell Phone Number

Mother's Email: _____ Mother's Employer: _____

Father/Legal Guardian: _____
Name Cell Phone Number

Fathers Email: _____ Father's Employer: _____

First Presbyterian, Gastonia (circle): Member Non-member (If FPC member, 10% discount)

Please check the age-appropriate program desired and mark your first and second choice of programs: (Your child must be the age relevant to the class by *August 31st* of the school year of enrollment.)

					<u>Program Preference</u>
____	Two-Year Olds:	2 days, Mon, Tues	8:30 – 11:45	\$250 May 2025 tuition + \$125 registration fee (\$375)	_____
____	Two-Year Olds:	3 days, Mon-Weds	8:30 – 11:45	\$285 May 2025 tuition + \$125 registration fee (\$410)	_____
____	Three-Year Olds:	3 days Mon- Weds	8:30 – 12:00	\$285 May 2025 tuition + \$125 registration fee (\$410)	_____
____	Three-Year Olds:	4 days Mon-Thurs	8:30 – 12:00	\$305 May 2025 tuition + \$125 registration fee (\$430)	_____
____	Four-Year Olds:	4 days Mon-Thurs	8:30 – 12:00	\$305 May 2025 tuition + \$125 registration fee (\$430)	_____
____	Four-Year Olds:	5 days Mon- Fri	8:30 – 12:00	\$350 May 2025 tuition + \$125 registration fee (\$475)	_____

I /We certify that all the above information is true to the best of my knowledge. It is understood and agreed that First Presbyterian Church of Gastonia and staff are hereby released from all claims or financial responsibility arising out of any accident or mishap that may occur in connection with the operation of the school or from illness that may be contracted by the child during the period of enrollment. We will provide all up-to-date health records, individualized care plans, emergency plans and contacts and insurance information necessary for the daily care and safety of my child. I/We understand that it is required that all health documentation be turned in on or before the first day of school. A grace period of two weeks will be granted for special circumstances as arranged in advance with PWS administration.

I/We also agree to pay the tuition fees by the first day of each month of the school year. We acknowledge that if our child's tuition is not paid by the 15th of the month, a fee of \$25.00 will be charged. If parent employment pay dates do not align with the tuition due dates, we will contact the director of PWS to make special arrangements.

Date ____/____/____

Parent/Legal Guardian Signature