

**APPLICATION FOR REGISTRATION
PLYMOUTH PRESCHOOL OF PLYMOUTH CONGREGATIONAL CHURCH
3429 Devon Road, Miami, Fl. 33133 • (305) 448-8774 • plykids@bellsouth.net**

_____ Male _____ Female _____
Child's Name _____ **Date of Birth (Child must be**
_____ **12 months old to apply)**

_____ **Parents' Names**

_____ **Home Phone** _____
_____ **Cell Phone** _____
_____ **Work Phone Mother** _____
Street _____ **Work Phone Father** _____

_____ **City** _____ **Zip Code** _____

_____ **Email Address** _____

A non-refundable fee of \$125.00 must be attached for this application to be complete.

Please check **all** of the following items which indicate your present interests for your child's registration at Plymouth Preschool. **Please note: WE USE THE SEPTEMBER 1 CUT OFF DATE WHEN MAKING CLASS**

PLACEMENTS. This application is for what school year? _____

Please notify the registrar each year you want this application to remain active.

- _____ Class for 4 year olds, 5 days a week (must be four by September 1)
- _____ Class for 3 year olds, _____ 3 days a week (summer birthdays only – mixed with oldest twos below*)
_____ 5 days a week (must be three by September 1)
- _____ Class for 2 year olds, _____ 2 days a week until noon Tues/Thurs. (must be two by September 1)
_____ 3 days a week until noon Mon/Wed/Fri (3 by Feb 28 – toilet training not required)
_____ 3 days a week until 1:00 Mon/Wed/Fri *(3 by Dec 31 and must be toilet trained)

Summer Camp enrollment is open to all children in the community who are 3 by December 31, potty trained and not yet enrolled in first grade. All school applicants are automatically sent registration information about summer camp.

Where do you anticipate that this child will continue his schooling after leaving Plymouth (public school? private? possible options?) _____

Check all statements which apply:

- _____ Financial Aid applicant (available to five-day students only)
- _____ Parent is staff member of Plymouth Church or Plymouth Preschool
- _____ One or both parents are **ACTIVE Plymouth Congregational Church members since** _____
Please obtain a verification form from the Preschool office. Submit the completed form to the church office.
- _____ Parent is Preschool Board Member
- _____ Parent is interested in becoming a Board member
- _____ Child has previously attended Plymouth Preschool
- _____ Child has brother or sister also applying for the same school term _____ (Name & birthdate)
- _____ Older sibling previously attended Plymouth Preschool _____ (Name & date attended)
- _____ Parent attended Plymouth Preschool _____ (Name & date attended)

Signature _____ Date _____

Office Use only:

Date application received: _____ Amount paid: _____ Check # _____ Cash _____ Date paid _____