

PLYMOUTH PRESCHOOL APPLICATION

PLYMOUTH PRESCHOOL OF PLYMOUTH CONGREGATIONAL CHURCH

3429 Devon Road, Miami, Fl. 33133 • (305) 448-8774 • admissions@plymouthpreschool.com

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

Parents' Names _____
_____ **Home #** _____
Street _____ **Cell #** _____
_____ **Work Phone Mother** _____
City _____ **Zip Code** _____ **Work Phone Father** _____

Email Address(es) _____

A non-refundable fee of \$150.00 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 application to 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 4 by September 1)

___ Class for 3 year olds, 5 days a week (must be three by September 1)

___ Class for 2 year olds, ___ 5 days a week until 1:00 (turns 3 between Sept 1 – Dec 31 & toilet trained)

___ 3 days a week until 1:00 Mon/Wed/Fri (turns 3 between Nov & April)

___ 2 days a week until noon Tues/Thurs (turns 3 between April & August 30)

Where do you anticipate that your child will continue schooling after Plymouth Preschool (public school? private? possible ptions?) _____

Check all statements which apply:

_____ Financial Aid applicant (available to 5-day students only)

_____ Parent is staff member of Plymouth Church or Plymouth Preschool

_____ One or both Parents are **ACTIVE Plymouth Congregational Church members** since _____

_____ Parent is interested in becoming a Preschool Board member

_____ Child has brother or sister also applying for the same school term _____
(Name & birth date)

_____ Older sibling previously attended Plymouth Preschool _____ (Name & date attended)

_____ Parent attended Plymouth Preschool _____ (Name & date attended)

Please turn over

Additional Information:

Plases list illness, conditions, accidents or other significant medical history.

Allergies: If so, Please list and provide Plan of Care.

Medications:

Preschool Office must have written prescription on file from Dr. Office.

Please list any health, physical, behavioral, developmental delays or disability.
Please explain:

Does your child receive services from an occupational, physical or speech therapist or an applied behavior analyst? Yes No

Please explain:

If so, do you give the school permission to contact these professional(s) to discuss observations and planning? Yes No

Please provide names and phone numbers:

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.

Signature _____ Date _____

Office Use only:

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