

Plymouth Preschool

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 _____

_____ Parent's Name _____ Parent's Name _____

_____ Street _____ City _____ Zip Code _____

Phone Number _____

Home

Cell

Cell

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 interest for your child's application to Plymouth Preschool.

This application is for which school year? _____

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

_____ Class for 2 year olds: _____ 3 days a week (M,W,F) or _____ 5 days a week

_____ Class for 3 year olds 5 days a week

_____ Class for 4 year olds 5 days a week

Where do you anticipate your child will continue schooling after Plymouth Preschool?

_____ Public or Private

Check all statement which apply:

_____ One or both parents are Active Plymouth Congregational Church members- since _____

_____ Parent is a staff member of Plymouth Church or Plymouth Preschool

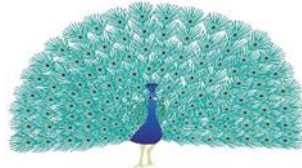
_____ Parent is interested in become a Preschool Board Member

_____ Child has a sibling also applying for the same school year – Name & DOB _____

_____ Older sibling previously attended Plymouth Preschool – Name & DOB _____

_____ Parent attended Plymouth Preschool – Name and year attended _____

_____ Financial Aid application (eligible if attending 5 days a week program)



Plymouth Preschool

Additional Information

Please list illness, conditions, accidents or other significant medial history.

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

Medications:

Preschool office must have written prescription on file from the child's doctor

Please list any health, physical, behavioral, developmental delays or disabilities.

Please explain:

Does your child receive services from a therapist or need special accommodations?

Please explain:

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

Please provide name and phone number:

Parent Signature

Date

Office Use only: Date application received _____ Paid: check # _____ Cash _____