

Oglethorpe Presbyterian
Preschool and PMO

Registration Request 2016 - 2017

Child's Name: _____ Sex: _____ D.O.B.: _____

Child's Name: _____ Sex: _____ D.O.B.: _____

Parent's/Guardian's Name (s): _____ & _____

Phone Number(s): c) _____ c) _____ h) _____

Email 1: _____ Email 2: _____

Home Address: _____ Zip Code: _____

Please indicate the class(es) you are interested in with a check mark *or* prioritize preferences by numbering in order of preference (ex. 1, 2, 3):

PMO (check one)

Infants/Young Toddlers _____ (Circle 1 or 2 days) Mon. Tues. Wed. Thurs. Fri.

Toddlers _____ (Circle 2 days) Mon. Tues. Wed. Thurs. Fri.

Preschool (check one)

Two's (Tues/Thurs) _____

Two's (Mon/Wed/Fri) _____

Three's (Mon/Wed/Fri) _____

Three's (Mon-Fri) _____

Four's (Mon-Fri) _____ (Pre-K)

Older Fours/Young Fives (Mon-Fri) _____ (Pre-K)

Children are placed in classes based on their age as of September 1st.

office use only

Date form received _____

Class Name _____

Paid registration _____ *Date* _____ *Confirmation sent* _____

Amount _____ *Check #* _____ *Computer* _____