

Oglethorpe Presbyterian
Preschool and PMO
Registration Request 2018 - 2019

Child Name: _____ Sex: _____ D.O.B.: _____
Child Name: _____ Sex: _____ D.O.B.: _____
Parent/Guardian 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) 9:00-12:00 _____
Two's (Mon/Wed/Fri) 9:00-12:00 _____
Three's (Mon/Wed/Fri) 9:00-12:00 _____
Three's (Mon-Fri) 9:00-12:00 _____
(Pre-K) Four's (Mon-Fri) 9:00-1:00 _____
(Pre-K) Older Fours/Young Fives (Mon-Fri) 9:00-1:00 _____
(Kindergarten) Five's (Mon-Fri) 9:00-1:00 _____

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 _____