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
Street **Cell Phone**
Work Phone Mother
City **Zip Code** **Work Phone Father**

Email Address

A non-refundable fee of $100.00 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