



Presbyterian Weekday Preschool
 Brevard-Davidson River Presbyterian Church
 249 East Main Street, Brevard, NC 28712
 828-884-9298 EXT. 27 Email: pwpreschool@bdrpc.org

2024-2025 SCHOOL YEAR

PLEASE PRINT CLEARLY

Date: _____
 Child's Full Name: _____
 Goes By Name: _____
 Address: _____

 Telephone: _____
 Date of Birth: _____
 Gender (check one): Female _____ Male _____

Fall Class Choice <i>(please check one.)</i>		
Infants (4 mo – 1 yr)	M-F ()	M/W/F () T/TH ()
Toddlers (1 yr)	M-F ()	M/W/F () T/TH ()
Twos	M-F ()	M/W/F () T/TH ()
Threes	M-F ()	M/W/F () T/TH ()
Fours	M-F ()	M/W/F () T/TH ()

(Children must reach their birthday by August 31, 2024 to be placed in the above classes.)

FAMILY INFORMATION:

Parents Marital Status (check one): Married _____ Separated _____ Divorced _____ Other _____

Father's Name: _____

Address (if different): _____

Telephone: _____ Cell Phone #: _____

Father's Occupation: _____ Employer: _____

Employer's Address: _____ Employer's Phone _____

Mother's Name: _____

Address (if different): _____

Telephone: _____ Cell Phone #: _____

Mother's Occupation: _____ Employer: _____

Employer's Address: _____ Employer's Phone _____

Sibling's Names and Ages: _____

Church Affiliation: _____

Family Email Address: _____

Preferred Method of General communication: email _____ text _____ phone _____

INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Relationship _____ Telephone _____

Name: _____ Relationship _____ Telephone _____

Name: _____ Relationship _____ Telephone _____

DATE: _____

OTHER IMPORTANT INFORMATION:

Note any allergies or physical limitations that require special attention: _____

Note Previous Nursery School/Play Group/Preschool Experience: _____

If/when your child experiences separation difficulty or otherwise becomes distressed in the classroom, tell us what we can do to provide comfort and relieve the distress (i.e. hold, give blanket, distract with a toy): _____

Note anything that your child is afraid of: _____

Note any other information concerning behavior, eating, use of toilet, etc. that would be useful to your child's teacher: _____

FINANCIAL RESPONSIBILITY

By signing below, you are acknowledging that you have read and agree to the terms explained in the Presbyterian Preschool Financial Policy. Your signature also indicates that you have received a copy of this policy for your records.

Please complete the following information:

Person Responsible for Payment: _____

Relationship to Child: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Parent Signature

Signature of Person Responsible for Payment (if other than parent)

Date

We invite you to join our private Facebook page: [Brevard Presbyterian Weekday Preschool](#)

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PRESCHOOL USE ONLY:

Date Registration Fee Received _____ Check #: _____

Starting Date: _____

FORMS RECEIVED:

Financial Policy _____ Immunization Form _____ Field Trip/Medical _____

Student Emergency Card _____ Information Verification Form _____ Publishing Release _____