## 2019-2020 NWPC PRESCHOOL REGISTRATION APPLICATION

## PLEASE PRINT ALL INFORMATION

PMT AMT\_\_\_\_\_ CH#\_

Child's First Name	Last Name
Name You Prefer Child To Use At School (if di	fferent from above)
Home Address	
School District Where Child Resides	
	/
Mother's First Name	Last Name
Preferred Phone #	Home/Cell/Work (circle one)
Father's First Name	Last Name
Preferred Phone #	Home/Cell/Work (circle one)
Email Address	
	nfirmation: (circle one) phone email mail
CONFIRM YOU HAVE CO	MPLETED THESE STEPS BEFORE MAILING
Completed Application Enclosed \$25 Registration Fee Enclosed Tuition Payment (\$85 for Tues/Thurs) (\$ Registration and Tuition may be combined in one cl	
placed on our wait list, all fees/payments will be refunded	ast month of the school year. If we do not have an opening and your child is I to you. However, once you have received confirmation that your child is any reason, none of these fees/payments will be refunded.
Parent Signature	Date
Drop completed form and payment off at the Neor mail them to NWPC Preschool, 229 South M	ew Wilmington Presbyterian Church Office or Preschool Room farket Street, New Wilmington, PA 16142
FO	R OFFICE USE ONLY
M/W/F T/TH RCVD/_	

RCPT/CONFRM\_\_\_\_/\_\_\_/\_\_\_\_/