

For Office Use Only
Date: _____ Time _____ # _____
Check# _____ Contract _____

Pleasant Ridge Presbyterian Preschool
5950 Montgomery Rd.
Cincinnati OH 45213
(513) 631-0170
anna.prpps@gmail.com

Enrollment Application (2024-2025)

Please submit a separate application for each child you wish to enroll and complete both sides of this form. Priority enrollment (2023-2024 enrolled children and siblings) begins **Saturday, January 6th** from 10am-12pm (in church parking lot) and will run through the 12th. Open enrollment applications will be accepted starting from 10am-12pm on **Saturday, January 13th** (in the church parking lot). Applications will be considered in the order in which they are received. Each application must be hard copy (not emailed) and accompanied by a **non-refundable \$65 registration fee (check or money order only)**. **Early submissions and Venmo payments will not be accepted. Please note enrollment dates and times.**

Child's name _____

Name usually called: _____ this name will be used to identify him/her in the classroom (cubby, name tags etc...)

Gender: _____ Date of Birth _____ Age on 9/1/2024 ___years___months

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Parent(s) or Legal Guardian(s)

Guardian 1 (please include the email address you want to be the primary means of communication)

Name _____

Address (if different from above) _____

Telephone Numbers: Home: (_____) _____ Cell: (_____) _____

Work (_____) _____ email: _____

Guardian 2 (please include the email address you want to be the primary means of communication)

Name _____

Address (if different from above) _____

Telephone Numbers: Home: (_____) _____ Cell: (_____) _____

Work (_____) _____ email: _____

How, or from whom, did you learn of Pleasant Ridge Presbyterian Preschool?

List schools and group programs your child has previously attended with the dates of attendance _____

List Names and D.O.B. of any siblings at home and the schools they attend _____

Part-time Preschool Options (please indicate order of preference for classes offered 1st, 2nd, 3rd)

_____ **2 ½ /3-year-olds (2 ½ by September 1st) AM 9:00am-12:00pm (2-Day: Tuesday, Thursday)**

_____ **3-year-olds AM 9:00am-12:00pm (3-day: Monday, Wednesday, Friday)**

_____ **Mixed age group 3–5-year-olds AM 9:00am-12:00pm**

Check One:

4 days _____ Tuesday-Friday

5 days _____ Monday-Friday

_____ **4/5-year-olds AM 9:00am-12:00pm**

Check One:

4 days _____ Tuesday-Friday

5 days _____ Monday-Friday

_____ **Mixed age group 3–5-year-olds PM 12:30pm-3:30pm**

Check one:

3days _____ Tuesday-Thursday

4days _____ Tuesday-Friday

Tuition Summary: 9 Monthly Payments

5-day a week class \$3,015 /school year \$335/month

4-day a week class \$2,898/school year \$322/month

3-day a week class \$2,313/school year \$257/month

2-day a week class \$1,971/school year \$219/month

\$65 Registration Fee per child (\$55 active church members)

\$120 materials fee due at acceptance of enrollment

These fees are non-refundable.

5% sibling discount on youngest child