

First Presbyterian Weekday School Application
School Year _____

CHILD'S NAME: _____ **GENDER:** _____
(last) (first) (middle) (name used)

DATE OF BIRTH: _____ **PREVIOUS SCHOOL EXPERIENCE** _____
(Mo/Day/Yr) (Type and # of years)

FATHER'S NAME: _____ **HOME#:** _____

ADDRESS: _____
(Street) (City) (Zip)

PLACE OF BUSINESS: _____ **WORK#:** _____

OCCUPATION: _____ **CELL/BEEPER#:** _____

CHURCH AFFILIATION: _____ **BIRTH DATE:** _____

MOTHER'S NAME: _____ **HOME#:** _____

ADDRESS: _____
(Street) (City) (Zip)

PLACE OF BUSINESS: _____ **WORK#:** _____

OCCUPATION: _____ **CELL/BEEPER#:** _____

CHURCH AFFILIATION: _____ **BIRTH DATE:** _____

PREFERRED EMAIL ADDRESS: _____

IN CASE OF EMERGENCY: (other than immediate family)

NAME: _____ **HOME#:** _____ **WORK#:** _____

NAME: _____ **HOME#:** _____ **WORK#:** _____

PEDIATRICIAN OR FAMILY DOCTOR: _____
(Name) (Phone#)

Please mark your first, second and third choices.

*Early 2's – M,W,F _____	2 day 2's _____	3 day 3's _____	4 day 4's _____
T,TH _____	3 day 2's _____	4 day 3's _____	5 day 4's _____
5 days _____	4 day 2's _____	5 day 3's _____	5 day Early 5's _____
	5 day 2's _____		

(Continued on back)

For Mother's Morning Out, choose the days that you would like your child to attend:

Mother's Morning Out Toddler (13-24 months) M_____ W_____ F_____ (T_____ Th_____ will be added after M,W,F fill.***)

Mother's Morning Out Infant (3-12 months) M_____ W_____ F_____ (T_____ Th_____ will be added after M, W, F fill***)

*****Parents wanting 2 or 3 days, please choose from M,W,F. If you would like more than 3 days, please check the days you would like.**

*** To register for Early 2's your child must turn 2 on or before December 31.**

For all other classes, your child must reach the appropriate age by September 1.

Registration Criteria

Member of First Presbyterian Church, Athens _____
We are currently enrolled at FPWS _____
Siblings attended FPWS _____
My spouse of I attended FPWS _____

I understand that Tuition is due on the First day of each month, June before the school year begins, and September through April to comprise the 9 monthly payments. The first tuition payment in June must be paid in order to continue to hold a place in our program, and is non refundable. I also understand that this application is only for the year indicated and that I must fill out a new application yearly.

All Weekday School students must be up to date on all immunizations. Please have your pediatrician fill out form 3231 and fax a copy to 706-548-8953 or you may deliver or mail to FPWDS, P.O. Box 1592, Athens, GA 30603.

A \$150.00 registration fee is required upon acceptance. This fee is NON-REFUNDABLE. An Arts & Technology Fee of \$25.00 will be due in October and February.

Signature _____
Date _____

Complete and Return to: First Presbyterian Weekday School, P .O. Box 1592, Athens, Ga. 30603

Questions or Tour Scheduling: (706) 549-8677

How did you hear about our school? _____

Does your child have any developmental, physical or emotional challenges? If yes, please explain: