

**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. Parent's Initial: \_\_\_\_\_**

**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. Parent's Initial: \_\_\_\_\_**

**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. Parent's Initial: \_\_\_\_\_**

**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:**