

# Mansfield 1st Presbyterian Preschool Registration Form 2025-26

(OFFICE FILLS OUT THIS SIDE)

Date Registered \_\_\_\_\_

Fee Due \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card \_\_\_\_\_

**Please Mark Correct Program(s)**

TuTh Class \_\_\_\_\_ (younger 3years old)

MWF Class \_\_\_\_\_ (older 3's – 5years old)

5-Day 1 Class \_\_\_\_\_ (4 years old by 9/30/25)

5-Day 2 Class \_\_\_\_\_ (5 years old by 1/1/25)

Preschool Plus Morning \_\_\_\_\_ (extended care)

Preschool Plus Afternoon \_\_\_\_\_ (extended care)

COMPLETELY FILL OUT EACH SECTION BELOW IN BLUE OR BLACK INK

## **Student Information**

Child's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

## **Mother/Guardian Information**

Mother/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

## **Father/Guardian Information**

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

*I understand that the Mansfield 1st Presbyterian Preschool reserves the right in extreme circumstances to terminate the enrollment of any child if, in the opinion of the Preschool staff, continued attendance would not be in the best interest of either the child or of the Preschool.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_