**Registration for Robinson Presbyterian Church Preschool**

9424 Harrisburg Road Charlotte, NC 28215 (704) 537-5687

Maureen Mohr – Preschool Director

**Registration fee: Non-refundable**

1-3 year old’s: $90 4 year old’s: $100 (includes curriculum fee)

(please select which class your child will be enrolled in (based on birthday) & how many days a week they will be attending)

\_\_ One’s \_\_ Two days a week ($165/month)

\_\_ Two’s \_\_ Three days a week ($200/month)

\_\_ Three’s \_\_ Five days a week ($270/month)

\_\_ Four’s

Please note: We do not offer a 2 day a week program in our 4-year-old class

Please complete the following information **legibly:**

Payment can be made at: **Robinsonpresby.org** under the giving & tithing/preschool/tuition. Please send an email to [preschool@robinsonpresby.org](mailto:preschool@robinsonpresby.org) after you have done so with your child’s name & birthdate.

**Parent/Legal Guardian Affirmation**

I have read, understand, and will abide by the policy and procedures of Robinson Presbyterian Church Preschool in the event of an emergency, if parents & emergency contact cannot be reached, I give permission for the staff of Robinson Presbyterian Church Preschool to seek medical attention in a manner deemed necessary.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_