

Presbyterian Day School

412 N. 9th Street

Orange, Texas 77630

(409) 883-4116

Application for Admission For the Academic Year 2015-2016

Child's Name _____

Specify Class _____

Date of Admission _____

Classes	Non Refundable Registration Fee
Pre-K 5 Five Day Class (M-F)(Book fee included).....	\$260.00
Pre-K 4 Five Day Class (M-F).....	\$240.00
Pre-K 3 Five Day Class (M-F).....	\$240.00
Pre-K 4 Three Day Class (MWF).....	\$170.00
Pre-K 3 Three Day Class (MWF).....	\$170.00
Pre-K 3 Two Day Class (TTH).....	\$100.00

Classes	Monthly Tuition
Pre-K 5 Five Day Class (M-F).....	\$195.00
Pre-K 4 Five Day Class (M-F).....	\$185.00
Pre-K 3 Five Day Class (M-F).....	\$185.00
Pre-K 4 Three Day Class (MWF).....	\$160.00
Pre-K 3 Three Day Class (MWF).....	\$160.00
Pre-K 3 Two Day Class (TTH).....	\$130.00

Age Requirements

Pre-K 5 5 years old by December 31st
 Pre-K 4 4 years old by November 1st
 Pre-K 3 3 years old by November 1st
 3 Year olds must be FULLY potty trained prior to start of school

Optional After School Care

Lunch Bunch 11:30-2:00 \$8 Daily

Extended Day 2:00-4:30 \$8 Daily

I have read the tuition guidelines and agree to pay the monthly tuition. If after two weeks, I can no longer pay my tuition, lunch bunch fee, or extended day fee, I will withdraw my child from the Day School. If I owe tuition after two weeks in arrears, I will pay it back to the Day School

Signed Agreement for Admission _____

Relationship to Child _____

Child's Information

Full Name of Applicant (underline or add the name your child is to be called.)

Child's Date of Birth _____

Hand Preference of Child: Right Left

Schools previously attended by applicant with dates _____

Name and Ages of Siblings _____

List any Allergies _____

Special Needs - List any restrictions that should be placed upon the applicant's physical activity _____

Parent/Guardian Information

Name of Guardian/Parents _____

Home Address _____

Email Address _____

Home Telephone Number _____

Occupation _____

Work Address _____

Work Telephone Number _____

Cell Telephone Number _____

Religious preference of Guardian/Parent _____

Do you have a church home? _____

Designated Contacts

Please list below the name and telephone numbers of contacts when you cannot be reached.

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Release Information

Please list below the name and telephone numbers of people to whom your child may be released.

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

Name _____ Relationship to Child _____

Home _____ Work _____ Cell _____

*******This form must be returned prior to your child starting school*******

Physician Information and Emergency Medical Authorization

If I cannot be reached to make plans for emergency medical care for my child at the time of an illness or accident, I give permission to Presbyterian Day School permission to seek medical care.

Name of Doctor _____

Address of Doctor _____

Doctor's Phone Number _____

Name of Hospital _____

Address of Hospital _____

Hospital Phone Number _____

Parent Signature _____

Preschool Health Statement

The following must be presented when you child is admitted or within one week of admission. Check to indicate the option you select.

Child's Name _____

_____ Doctor's Statement: I have examined the above named child and find that they are physically able to take part in this program.

Doctor's Signature _____

_____ Parent Statement: My child will be examined by a physician or health clinic and will submit a statement to the school. My child has an appointment for a physical examination on _____ date.

School Age Statement

My child's immunization record is current and on file at the school.

Parent Signature _____ Date _____

Transportation Information

My child, _____, has permission to ride in a vehicle with someone other than their parent for the purpose of a field trip.

Parent Signature _____

Field Trip Release

My child, _____, has permission to go with Presbyterian Day School on supervised field trips.

Parent Signature _____