ORANGE PRESBYTERIAN WEEKDAY SCHOOL 162 West Main Street, Orange, VA 22960 540-672-4240

REGISTRATION FOR FOUR-YEAR-OLDS (2018-2019)

Name:		Likes to be called:		
Age:		Date of Birth:	Sex:	
Address:		Zip:		
Phone:	Cell Phone:	Email:		
Father's Name:	Mother's Name:			
Marital Status of Parents: Married		Divorced	Other	
Father's Employ	ver (name, address, phone numb	er):		
Mother's Emplo	yer (name, address, phone num	ber):		
Name of all thos	se living in the household (include	de relationship to the student	and ages of other children):	
	be transported?			
Is there anyone	you do not want to pick up you	child?		
Any dislikes or	fears?	I	s your child toilet trained?	
Any allergies or	physical limitations?			
Physician:		Phone:		
Has your child h	nad a physical within the last yea	nr? Yes	No	
Is your child cur	rently taking any medications o	r being seen by a specialist?		
			ovide Epi-Pens in labeled package	

Please include a copy of your child's Immunization Record with this form.

On the back of this sheet, you may include any additional information you want to share that would help the teachers better understand your child.

Registration fee of \$80.00 is due with this form. (Registration fee is *nonrefundable*.)

Tuition is \$150.00 per month (September – May) and is due on the first day of each month. (A late fee of \$10 is charged after the 5th of the month.)