



GENEVA PRESBYTERIAN PRESCHOOL
1775 SR 13
Saint Johns, Florida 32259
904-209-5715

For Office Use

Date: _____

Fee Paid: _____

Check # _____

Assigned Classroom: _____

Start Date: _____

2018-2019 Registration

Child's Full Name _____ M _____ F _____

Parents/Guardians Name _____

Birth Date _____ Child's Age as of Sept. 1, 2018 _____

Address _____ City _____ Zip Code _____

Phone Number _____ Preferred E-mail _____

Part-time Preschool Preschool class hours are 9:00-12:00pm

Registration Fee: \$150.00 non-refundable fee is due at registration. Please make checks or money order payable to Geneva Presbyterian Preschool. Choose desired class option below.

Two's class: _____ Tuesday and Thursday

Three's class _____ Monday/Wednesday/Friday

Three's class _____ Tuesday and Thursday

Lunch Bunch from 12p.m. - 1p.m. \$5.00 a day. Available daily for 3 and 4's only.

Lunch Bunch _____M_____T_____W_____TH_____F (Mark desired days to stay)

Voluntary Pre-Kindergarten (VPK): Suggested \$50.00 one-time donation for VPK students as the state does not cover all VPK expenses.

VPK class _____Monday-Friday

List siblings (grade and school attending) _____

Church Affiliation _____

Parent/Guardian Signature _____ Date _____