



161 North Mesa Drive
 Mesa, Arizona 85201
 480-835-7877
preschool@fpcmesa.org

REGISTRATION FORM 2022-2023

School Hours of Operation:

9:00am-1:00pm
 Monday- Friday.

Annual registration fee of \$100.00 due upon enrollment.

It is NON-REFUNDABLE.

Child must be POTTY TRAINED before first day of school.

Please mark all programs you are registering for.

EXTENDED MORNING PRESCHOOL: 9:00 A.M. to 1:00 P.M. (must bring a lunch)

_____ 2 Day Program	T/Th	\$255 per month
_____ 3 Day Program	M/W/F or T/W/Th	\$315 per month
_____ 4 Day Program	M thru Th	\$370 per month
_____ 5 Day Program	M thru F	\$420 per month

MORNING PRESCHOOL: 9 A.M. TO 11:30 A.M.

_____ 2 Day - 2 ½ & 3 year old program	T/Th	\$215 per month
_____ 3 Day - 3 & 4 year old program	M/W/F	\$255 per month
_____ 4 Day - 3 & 4 year old program	M thru Th	\$285 per month
_____ 5 Day - 3 & 4 year old program	M thru F	\$315 per month

PRE-Kindergarten CLASSES: 9 A.M. TO 11:30 A.M.

_____ 3 Day Program	M/W/F <u>or</u> T/W/Th	\$255 per month
_____ 4 Day Program	M thru Th	\$285 per month
_____ 5 Day Program	M thru F	\$315 per month

LUNCH BUNCH: 11:30 A.M. to 1:00 P.M. (Optional)

Students must bring their own lunch and beverage. The charge is \$5.00 per day. This is strictly a social time; the children will have extra playground time and eat lunch together.

Please circle the days your child will be staying per week.

Monday Tuesday Wednesday Thursday Friday

DATE of application: _____

Annual Registration Fee: \$100.00.

This is non-refundable once paid.

* 10% discount off of the monthly tuition for First Presbyterian Church members.

* 10% discount off of the monthly tuition for City of Mesa employees.

* 20% discount on monthly tuition for the second child enrolled.

Child's First Name _____ Last Name _____ Date of Birth _____

Parent's Names (Mom) _____ (Dad) _____

Home Address _____ City _____ State _____ Zip code _____

Home Phone Number _____ Cell Number (Mom) _____ Cell Number (Dad) _____

Email Address (Mom) _____ Email Address (Dad) _____

For Office Use

Inquiry (date): phone _____ walk-in _____ email _____ Followup: _____

Date Rec'd _____ Amount received Cash _____ Check # _____

Class _____ Teacher _____

Time _____ Days _____

Emergency Blue Card _____ Immunization Record _____

Total Monthly Tuition _____