

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

REGISTRATION FORM 2024-2025

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 PI	RESCHOOL: 9	9:00 A.M. to 1:	00 P.M. (must bring a lunch)
2 Day Program		T/Th	\$295 per month
3 Day Program	M/W/F	or T/W/Th	\$365 per month
4 Day Program		M thru Th	\$425 per month
5 Day Program		M thru F	\$485 per month
MORNING PRESCHOOL:	9 A.M. TO 1	1:30 A.M.	
2 Day - 2 ½ & 3 year old program		T/Th	\$255 per month
3 Day - 3 & 4 year old	program	M/W/F	\$295 per month
4 Day - 3 & 4 year old	program	M thru Th	\$330 per month
5 Day - 3 & 4 year old	program	M thru F	\$365 per month
PRE-Kindergarten CLASS	ES: 9 A.M.	ΓΟ 11:30 A.M.	
3 Day Program	M/W/F	or T/W/Th	\$295 per month
4 Day Program		M thru Th	\$330 per month
5 Day Program		M thru F	\$365 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 \$6.00 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 the m	nonthly tuition for First Presl nonthly tuition for City of Me ly tuition for the second chil	sa employees.	members.						
C	hild's First Name	Last Name		Date of	Birth					
Po	arent's Names (Mom)	(Do	nd)							
_ Н	ome Address		Sity	State	Zip code					
_ Н	ome Phone Number	Cell Number (Mom)		Cell Numb	per (Dad)					
Email Address (Mom)		E	Email Address (Dad		······					
For Office Use										
	Inquiry (date): phone	walk-in	_ email	_ Followup:						
	Date Rec'd	Amount received Cash	Check # _	Squar	re					
	Class	Tec	_Teacher							
TimeDays										

Emergency Blue Card______Immunization Record_____

Total Monthly Tuition/Scholarship_____