**Family Development Center Preschool**

**Registration Form: 2025-2026**

**3 Yr. Old:\_\_\_\_\_\_ 4 Yr. Old:\_\_\_\_\_\_ Pre-K:\_\_\_\_\_\_**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M\_\_\_\_\_F\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date of Student\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Areas of Concern (medical, allergy, speech, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FEE IS $50. ACTIVITY FEE IS $100.**

**BOTH FEES PLUS FIRST MONTH TUITION DUE AT REGISTRATION.**

**THERE WILL BE NO REFUND OF THE REGISTRATION FEE/1ST MONTH TUITION**.

ANNUAL TUITION FOR THE 3-YEAR-OLD PROGRAM IS $2,115.

**\*THIS IS MADE IN NINE INSTALLMENTS OF $235.**

ANNUAL TUITION FOR THE 4-YEAR-OLD PROGRAM IS $2,655.

**\*THIS IS MADE IN NINE INSTALLMENTS OF $295.**

ANNUAL TUITION FOR THE PRE-K PROGRAM IS $3,420.

**\*THIS IS MADE IN NINE INSTALLMENTS OF $380.**

Total amount of your registration payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_

All morning sessions are from 9:00-11:30 AM

3 Year Old Class: T & Th; 4 Year Old Class: M, W,F; Pre-K Class: M-F

Return this form with a check made payable to FDC Preschool

670 Pleasant Hill Road

Wexford, PA. 15090

**STATE LAW REQUIRES ALL CHILDREN TO BE IMMUNIZED BEFORE THE STARTING SCHOOL. PLEASE SEND IN A COPY OF YOUR CHILD’S MOST RECENT IMMUNIZATION RECORDS PRIOR/NEAR TO THE START OF SCHOOL.**