

Oglethorpe Presbyterian
Preschool, Kindergarten and PMO
Registration Request Form*

Child Name: _____ Sex: _____ D.O.B.: _____

Child Name: _____ Sex: _____ D.O.B.: _____

Parent/Guardian Name(s) 1: _____ & 2: _____

Phone Number(s): c) 1: _____ & c) 2: _____

Email 1: _____ Email 2: _____

Home Address: _____ Zip Code: _____

Please indicate the class(es) you are interested in with a check mark *or* prioritize preferences by numbering in order of preference (ex. 1, 2, 3):

PMO (check one)

Infants/Young Toddlers _____ (Circle 1 or 2 days) Mon. Tues. Wed. Thurs. Fri.

Older Toddlers (15 mths & up) _____ (Circle 2 days) Mon. Tues. Wed. Thurs. Fri.
(Must be walking)

Preschool (check one)

Two's (Tues/Thurs) 9:00-12:00 _____

Two's (Mon/Wed/Fri) 9:00-12:00 _____

Three's (Tues/Thurs) 9:00-12:00 _____

Three's (Mon/Wed/Fri) 9:00-12:00 _____

Three's (Mon-Fri) 9:00-12:00 _____
(Must be potty trained for 5 day 3's)

(Pre-K) Four's (Mon-Fri) 9:00-1:00 _____

(Kindergarten) Five's (Mon-Fri) 8:30-1:30 _____

Children are placed in classes based on their age as of September 1st.

* *office use only*

Date form received _____

Class Name _____

Paid registration _____ *Date* _____ *Confirmation sent* _____

Amount _____ *Check #* _____ *Computer* _____