Faithbridge Presbyterian Preschool A ministry of Faithbridge Presbyterian Church Application Form 2024-2025 School Year

Child's Name		_ Gender M F
Child's Date of Birth	Age as of Se	pt 1, 2024
Mother	Father	
Child's Street Address		
City	State Zip	
Primary Phone	Secondary Phone	
Email Address		
Please check one: Returning FPP Student New Applicant	Sibling of Current	FPP Student
Siblings also applying for FPP: Name	Name	
Referred by		
Program applying for:		
5-Day Program \$530 month (\$225 Supply Fee do	nly ue upon acceptance). Supply f	ees are nonrefundable.
3-Day Program (Tues/Wed/ (\$175 Supply Fee do	/Thurs) \$355 monthly ue upon acceptance). Supply f	ees are nonrefundable.
	s) \$275 monthly - available for ue upon acceptance). Supply f	•
*** A nonrefundable appual Pagistration	Faa of \$125 par family is also due un	oon accentance All fees mu

***A *nonrefundable* annual Registration Fee of \$125 per family is also due upon acceptance. All fees must be paid in order for registration to be completed and the child's spot held for the following school year.

OFFICE USE ONLY: ____email/___GG/___emerg/___QB/___recur