

Highland Presbyterian



Registration Form

In order to complete the application process, please return the completed form,
signed tuition agreement and nonrefundable first month's tuition to:

Highland Presbyterian Church ● 708 Highland Avenue ● New Castle PA 16101 ● 724-654-7391

APPLYING FOR: 3&4 year old program (Tuesday/Thursday 12:30 - 2:00 pm)
 PreK (Tuesday/Wednesday/Thursday 9:00 - 11:30 am)

Child's Name _____

Nickname (if applicable) _____ Birth Date _____ Sex M F

Child's Address _____

Mother's Name _____

Mother's Address (if different) _____

Phone _____ Cell _____ Email _____

Father's Name _____

Father's Address (if different) _____

Phone _____ Cell _____ Email _____

Allergies (if applicable): _____

Medical Needs (if applicable): _____

Child pickup permission: _____

Highland Presbyterian



Tuition Agreement for the 3 & 4 year old Preschool Program

I, _____, would like to enroll my child, _____, in the 3 & 4 year old Preschool Program at Highland Presbyterian Church for the 2017/2018 school year. I have enclosed the 1st month's nonrefundable tuition which will hold my child's position for the program.

I agree to pay tuition in the total amount of \$65/month:

Tuition in the amount of \$65/month is due the 1st of each month. I understand that I am obligated to pay this tuition payable to Highland Presbyterian Church. Any returned checks are subject to a \$25 NSF fee.

Signature of Parent/Guardian

Date

Printed Name

Highland Presbyterian



Tuition Agreement for the PreK Program

I, _____, would like to enroll my child, _____, in the PreK Program at Highland Presbyterian Church for the 2017/2018 school year. I have enclosed the 1st month's nonrefundable tuition which will hold my child's position for the program.

I agree to pay tuition in the total amount of \$80/month:

Tuition in the amount of \$80/month is due the 1st of each month. I understand that I am obligated to pay this tuition payable to Highland Presbyterian Church. Any returned checks are subject to a \$25 NSF fee.

Signature of Parent/Guardian

Date

Printed Name