Orange Park Presbyterian Church Preschool Enrollment Application 2011-2012

1905 Park Ave.
Orange Park, Fl. 32073
Fax # (904) 264-1535
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Child's Name:				
First	Last	Name child goes by		
Male [] Female [] Age:	Date of Birth:			
	month/day/year			
Home Address:				
Street	City	State	Zip code	
Home Phone:	Cell P	hone:		
Email Addraga				
Email Address: This will be our primary way	to notify parents of their child'	s placement for the 2011-2012 scho	ool year	
Mothers Name:	Father's Name:			
Class Choice: Butterflies – (born between 1/2 Please mark desired days [] To	*	•	ngs per week.	
Sunshines – (born between 4/2/	9 and 1/1/10) - [] 3 days	MTW or [] 2 days ThF		
Bumblebees – (between 7/2/08	and 4/1/09) - [] 3 days N	ITW or [] 2 days ThF		
Rainbows – (born between 9/2/	07 and 7/1/08) - [] 3 day	s MTW or [] 2 days ThF		
VPK Classes – (born between 9	9/2/06 and 9/1/07) - [] 5 (days M-F		
If the desired class marked is full [] Yes [] No	ll do you want your child o	on the waiting list for the above	ve chosen class?	
If your desired number of days for a different number of days, pavailable days. (example – the syour child in the two day class a	please check Yes/No, if yo 3 day Rainbow class is full	u would like us to enroll your and there is space in the 2 da	child in the class with ay class we would enroll	
OPPC Preschool reserves the rig numbers. All fees will be refund		ny class not meeting the mini	mum enrollment	

Completed application should be returned to the Preschool Office during regular office hours (Mon-Fri 9am -1:30pm) or fax to (904) 264-1535 to ensure it is date /time stamped in the correct order of receipt.