

For Office:
 Packet
 given: _____
 date
 returned: _____
 date
 Immunization record:

 date



MIRA MESA PRESBYTERIAN PRESCHOOL

For Office: Reg/Supply Paid.	_____	\$ _____	_____
	Date	Amount	Payment type
For Office: Reg/Supply Paid.	_____	\$ _____	_____
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	Date	Amount	Payment type

Phone: 858-578-2160 info@mmppusa.com www.mmppusa.com

REGISTRATION FORM - SCHOOL YEAR 20 - 20

\$100 Registration Fee (Second Child \$50 Fee) & \$150 Supply fee

Date _____

****Registration fee and Supply fee are non-refundable****

Please check program preferences (1st, 2nd Choice)

Just for Two's

___ Tues/Thurs 4 Hrs. 9 payments
 ___ Mon/Wed/Fri 4 Hrs. 9 payments

8:30am - 12:30pm (child must be 2 yrs. by Sept of year attending)
 8:30am - 12:30pm (child must be 2 yrs. by Sept of year attending)

Tuesday/Thursday Program

___ Tues/Thurs 4 Hrs. 9 payments

8:30am - 12:30pm (child must be 2.9 yrs. by Sept of year attending)

Monday/Wednesday/Friday Program

___ Mon/Wed/Fri 4 Hrs. 9 payments

8:30am - 12:30pm (child must be 2.9 yrs. by Sept of year attending)

Five Day Option

___ Monday - Friday 9 payments

8:30am - 12:30pm (child must be 3 yrs. by Sept of year attending)

Summer Program

___ Tue/Wed/Fri 5 weeks

8:30am - 12:30 pm (child must be 2.9 by June of year attending)

Child's Name _____ Gender: M ___ or F ___ Birthdate _____

Place of Birth _____

Full Names of Parents(s) or Guardian(s) plus home Address(es): Write "same" if that applies.

Parent _____
 (Father)
 Address _____

Parent _____
 (Mother)
 Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Occupation/Employer _____

Occupation/Employer _____

Work Phone _____

Work Phone _____

Has child previously attended a preschool? ___ No ___ Yes Where? _____

What experiences has child had away from parents? (e.g. sitters, Sunday School) _____

Vegetarian? ___ Yes. Any Food Restrictions _____

LIST ANY ALLERGIES _____

Medications Needed? ___ Yes. List _____

OVER

Does your child have any physical, emotional, behavioral, medical, other concerns you wish to share with the school? Please explain. _____

If your child's condition requires an accommodation, please list: _____

Does your child speak & understand English? _____ Yes _____ Some _____ No

If Bilingual, which language(s) are spoken in your home? _____

List siblings' names & ages _____

List any family members who have attended our preschool _____

So, we may better serve you, what is your home church? _____

What religious traditions does your family practice or identify with? _____

May we provide information about Mira Mesa Presbyterian Church? Yes ___ No ___

How did you hear about MMPP?

___ Recommendation ___ MMPC Member ___ Alumni ___ Saw Signs ___ Website ___ Other

Signature

Mira Mesa Presbyterian Preschool is an equal opportunity school that practices a non-discriminatory policy in the implementation of its programs, admissions and hiring practices. It does not discriminate on the basis of race, color, religion or nation of origin in the administration of its policies and procedures. MMPP reserves the right to add, change, or delete programs depending on parental interest and available classroom space.