



## 2025-2026 Preschool Registration Form

Our two and three year old classes are open to children who turn two or three years old by September 1, 2025. The class meets on Mondays and Wednesdays from 9:00 am to 12:00 pm. We follow the Brevard Public School calendar but with the first day of classes being September 3rd. The registration fee is \$295, and the monthly tuition is \$295 for 9 months.

**All information remains confidential and is for POP School use only.**

Child's Name (First, Middle, Last): \_\_\_\_\_

Child's Gender: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

### Family Information

Mother's Name : \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Receive communication from school: ☐ Yes ☐ No

Father's Name : \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Receive communication from school: ☐ Yes ☐ No

Please List Names and Ages of Siblings:

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### Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Primary Doctor : \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:

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**Contact**

The child will be released only to the custodial parent, legal guardian, and those listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if, for some reason, the custodial parent or legal guardian cannot be reached:

Emergency Contact Number 1 :

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Number 2 :

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Number 3 :

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Information**

Language Spoken at Home: \_\_\_\_\_ Bilingual?: ☐ Yes ☐ No

In an effort to assist your child in meeting his/her individual goals, please let us know if your child is already participating in services such as speech therapy, occupational therapy, and/or physical therapy. Please provide a copy of your child's Individualized Education Plan (IEP) with your registration if applicable.

- ☐ Yes, my child has an IEP
- ☐ We are awaiting a finalized IEP

Videos and photos of your child may be taken and used for classroom projects, decorations, etc. They may also be used for future promotion and marketing, such as Facebook, printed materials, and the Prince of Peace Church website. Do you give us permission to use these images and/or videos in promotional and/or marketing materials?

- ☐ Yes
- ☐ No

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A non-refundable application fee of \$295.00 completes this registration form.**