Peninsula Community Church Preschool Registration Form 2025-2026
5640 W. Crestridge Road - Rancho Palos Verdes, CA 90275
310-377-4391 www.pccpv.org/preschool Lic.#191602167

Child's Name_____ Date of Birth_____ *(mm/dd/yyyy)*

Does your child answer to another name?_____ Who referred you to us?_____

Place of Birth_____ Sex: M__F__ Child's age as of September 1, 2025_____

Address_____

City, Zip_____ Home Phone_____

Father's Name_____Work Phone_____ Cell Phone_____

Employer_____ Position_____

Primary e-mail_____ Billing School News

Mother's Name_____Work Phone_____ Cell Phone_____

Employer_____ Position_____

Primary e-mail_____ Billing School News

Does your child speak English? Yes No Primary language spoken at home:_____

Names and ages of siblings_____

School they attend_____

Who lives in home with the child? _____

What church do you attend? None PCC Other _____

Does your child have any allergy or special need? _____

My child is potty-trained: Yes No In process

My child naps Yes No Occasionally _____ (time)

Previous Preschool experience (where, how long) _____

Reason for changing schools: _____

I want to register my child for the following program:

3-Hr.	5-Hr.	6-Hr.	8-Hr.
(9 am-12 pm)	**(9 am-2 pm)**	**(9 am-3 pm)**	**(9 am-5 pm)**

Days:

5 days
4 days M T W Th F (check 4 days)
3 days M T W Th F (check 3 days)
2 days M T W Th F (check 2 days)***2 yr olds only**

Early Drop Off

Early care everyday 7:45 - 9 am
Early care everyday 8 - 9 am

I understand the registration fee is non-refundable.

Parent's Signature _____

Date_____

FOR SCHOOL USE ONLY

Registration Fee_____
Date:_____
Type of Payment _____

Tuition payment
Date:_____ Amt. _____
Type of payment _____
1st day _____
Class_____
Welcome em _____
Letter _____