

PLYMOUTH HAVEN CHRISTIAN PRESCHOOL**2025-2026 REGISTRATION APPLICATION**

8600 Plymouth Road, Alexandria VA 22308

Phone: 703-799-2217 Email: preschool@plymouthhaven.org

Registration Fee: \$150.00	Date:	Chk#	
Age Five by 9/30/25	5-6 Year Olds	5 Day Kindergarten	Hours are 9:15am-2:15pm M-F \$800/month \$7,200/9 months

CHILD'S FULL NAME _____ Preferred Name _____

Birthdate ____/____/____ Male / Female Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Child's previous school/social experience _____ How long _____

List schools that sibling(s) attend: _____

Any allergies or intolerance to food, medication, etc? _____ Action-required _____

Any condition that may affect participation in school activities? Explain _____

Are you a member of Plymouth Haven Baptist Church? YES / NO

PARENT INFORMATION

Mother's Name _____

Father's Name _____

Cell Phone _____

Cell Phone _____

Mother's E-mail _____

Father's E-mail _____

AGREEMENT

- I understand that submission of this form is my firm intent to enroll my student.
- I understand that a non-refundable Registration Fee of \$150 will be submitted at the time of this registration.
- I understand that a non-refundable deposit and a \$50 supply fee will be due on 6/6/2025 to guarantee placement (1 of 9 tuition payments for the 2025-2026 school year).
- I understand if my kindergarten student is withdrawn at any time, it must be in writing and I understand the registration fee and advance deposit are not refundable.

Signature of legal guardian _____ Date _____

Initial here to pay registration and supply fees through your Brightwheel account (current families only) _____

IMPORTANT: Retain a copy of your registration application for your records