

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

8600 Plymouth Road, Alexandria VA 22308

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

<b>Registration Fee:</b> \$150.00	<b>Date:</b> _____ <b>Chk#</b> _____		
<b>Age Five by 9/30/25</b>	<b>5-6 Year Olds</b>	<b>5 Day Kindergarten</b>	<b>Hours are 9:15am-2:15pm M-F \$950/month \$8,550/9 months</b>

**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- I understand if my kindergarten student is withdrawn at any time, it must be in writing and I understand the registration fee and advance deposit are not refundable.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*