



Application for Admission ~ 2017/2018

Student's Name _____
 Last First Current Age DOB

Address _____

 City State Zip Code

Parents' Names _____

Email Addresses _____

Phone Numbers (____) _____ - _____ (____) _____ - _____

Each application must be accompanied by a one-time **\$150 registration fee** and **one-time materials fee** per child.
 Registration fee is waived for members of First Congregational Church of Winter Park.

Please select one class for your child.
 *** Final placement is at the Director's discretion ***

- | | |
|--|---|
| <p><input type="checkbox"/> 2 or 3-day Co-op – (20 months and up)
 9:00 a.m. – 12:00 noon</p> <p><input type="radio"/> Mon/Tues
 <input type="radio"/> Wed/Thurs
 <input type="radio"/> + Friday</p> <p><input type="checkbox"/> Young 3-year olds
 9:00 a.m. – 1:00 p.m.</p> <p><input type="radio"/> Mon/Tues
 <input type="radio"/> Mon-Wed
 <input type="radio"/> Mon-Thurs
 <input type="radio"/> Mon-Fri</p> <p><input type="checkbox"/> 3-day 3-year olds – Mon-Wed
 Must be potty trained!</p> <p><input type="radio"/> 9:00 a.m. – 1:00 p.m.
 <input type="radio"/> 9:00 a.m. – 2:00 p.m.</p> | <p><input type="checkbox"/> 4-day 3-year olds – Mon-Thurs
 Choose one:</p> <p><input type="radio"/> 9:00 a.m. – 1:00 p.m.
 <input type="radio"/> 9:00 a.m. – 2:00 p.m.</p> <p><input type="checkbox"/> 5-day 3-year olds – Mon-Fri
 Choose one:</p> <p><input type="radio"/> 9:00 a.m. – 1:00 p.m.
 <input type="radio"/> 9:00 a.m. – 2:00 p.m.</p> <p><input type="checkbox"/> 5-day 4-year olds / Prek – Mon-Fri
 Choose one:</p> <p><input type="radio"/> 9:00 a.m. – 1:00 p.m.
 <input type="radio"/> 9:00 a.m. – 2:00 p.m.</p> <p><input type="checkbox"/> Kindergarten – Mon-Fri
 Choose one:</p> <p><input type="radio"/> 9:00 a.m. – 1:00 p.m.
 <input type="radio"/> 9:00 a.m. – 2:00 p.m.</p> |
|--|---|

Registration Fee: \$ _____ **Materials Fee:** \$ _____

Tom Calhoun Scholarship Fund: ___ \$25 ___ \$50 ___ \$100 ___ other (amount: \$ _____)
A donation to the Tom Calhoun Scholarship Fund is appreciated!

Total Paid: \$ _____ cash or check made payable to *FCC Preschool & Kdg.* (ck. # _____)

Parent's Signature _____ Date _____

Please note that all fees are nonrefundable and nontransferable.