

**First Presbyterian Child Development Program  
2024-2025 Application Form**

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Date	Child's Full Name	DOB	Gender
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Both Parents' Name	Address
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Member of 1 <sup>st</sup> Presbyterian?	Child's Doctor	Special Needs (if any)
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Email Address	Dad _____ Mom _____
	Phone Numbers

School hours are 8:30AM-11:30AM. ALL CLASSES OPEN MONDAY-FRIDAY  
Please notate the days you would like to enroll below.

Registration/Supply Fee per student:  
Church members and/or Current Students and Siblings \$125.00  
Non-Members and New Students \$175.00  
This registration/supply fee is non-refundable and must be paid at the time of registration. We cannot hold a spot without a registration fee.

**Please Mark Program Interest:                      Choose your preferred days- Mark in blank: M,Tu,W,Th,F**

Toddler Class (18 months by Sept. 1)	2 days a week _____ \$200.00 a month
	3 days a week _____ \$255.00 a month
	4 days a week _____ \$295.00 a month
	5 days a week <u>M,Tu,W,Th,F</u> \$320.00 a month

Three-Year-Old Class (Must be three by Sept. 1)	2 days a week _____ \$200.00 a month
	3 days a week _____ \$255.00 a month
	4 days a week _____ \$295.00 a month
	5 days a week <u>M,Tu,W,Th,F</u> \$320.00 a month

Four-Year-Old Class (Must be four by Sept. 1)	2 days a week _____ \$200.00 a month
	3 days a week _____ \$255.00 a month
	4 days a week _____ \$295.00 a month
	5 days a week <u>M,Tu,W,Th,F</u> \$320.00 a month

If enrollment is filled at the time of your application, would you like to be on a waiting list?

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Yes	no
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**\*First Priority- Church members/Current student families until February 15, 2023. Others accepted according to the date your Application Form is received by the Director.**                      Date Received: \_\_\_\_\_

Return To:                      PCDP  
C/O First Presbyterian Church  
P.O. Box 9681  
Columbus, MS 39705-9681  
[pcdp@columbus@gmail.com](mailto:pcdp@columbus@gmail.com) For more information call Lezli Waits 662-425-8808 or 1<sup>st</sup> Pres 662-328-5992