

Enrollment Application 2026-2027

Presbyterian Weekday School

First Presbyterian Church, 1621 E. Garrison Blvd., Gastonia, NC 28054, Phone 704-864-2651 x111

Child's Name: _____
Last Name First Name Name child is called

Address: _____
Street City State Zip

Child's Date of Birth: ___/___/___ Gender: M F

Previous Preschool Experiences? Yes No If yes, where? _____

Number of Siblings: ___ Ages: _____ Name(s) of siblings who attend PWS: _____
5% discount for younger sibling.

Parent's Marital Status (circle): married divorced single widowed Legal Custody: Yes No Joint

Mother/Legal Guardian: _____
Name Cell Phone Number

Mother's Email: _____ Mother's Employer: _____
(please print)

Father/Legal Guardian: _____
Name Cell Phone Number

Fathers Email: _____ Father's Employer: _____
(please print)

First Presbyterian, Gastonia (circle): Member Non-member (If FPC member, 5% discount)

Please check the age-appropriate program desired and mark your first and second choice of programs: (Child must be the age relevant to the class by *August 31st* of the school year of enrollment.)

Program Preference

_____	Two-Year Olds: 3 days, Mon-Weds	8:30 – 11:45	\$305 May 2027 tuition + \$125 registration fee (\$430)	_____
_____	Three-Year Olds: 3 days Mon- Weds	8:30 – 12:00	\$305 May 2027 tuition + \$125 registration fee (\$430)	_____
_____	Three-Year Olds: 4 days Mon-Thurs	8:30 – 12:00	\$345 May 2027 tuition + \$125 registration fee (\$470)	_____
_____	Four-Year Olds: 4 days Mon-Thurs	8:30 – 12:00	\$345 May 2027 tuition + \$125 registration fee (\$470)	_____
_____	Four-Year Olds: 5 days Mon- Fri	8:30 – 12:00	\$395 May 2027 tuition + \$125 registration fee (\$520)	_____

I/We certify that all the above information is true to the best of my knowledge. We will provide all up-to-date enrollment forms necessary for the daily care and safety of our child. I/We understand that it is required that all health documentation be turned in on or before the first day of school. A grace period of two weeks will be granted for exceptional circumstances as arranged in advance with Presbyterian Weekday School administration. I/We also agree to pay the tuition fees by the first day of each month of the school year. We acknowledge that if our child's tuition is not paid by the 15th of the month, a fee of \$25.00 will be charged.

Date ___/___/___ _____

Parent/Legal Guardian Signature