

PARENTS' COMMUNITY PRESCHOOL

4944 Wrightsville Avenue
Wilmington, NC 28403
910-799-9544

Application for Enrollment

Return this form with non-refundable registration (waiting list) fee of \$10

Date _____ School Year _____

Child's Full Name _____ Nickname _____

Date of Birth _____ Age _____ Male _____ Female _____

Home Address _____

Home Phone _____ Parents' Cell Phone _____ E-Mail _____

Mother's Name _____ Occupation _____

Employer _____ Work Phone _____

Father's Name _____ Occupation _____

Employer _____ Work Phone _____

Parents' Marital Status _____

Siblings (Names, Birthdates, M/F) _____

If a sibling attended PCP, when? _____

Describe child's previous group or school experiences: _____

What do you want or expect from a preschool? _____

What type of discipline is used at home? _____

How did you hear about PCP? _____

Number of days desired (indicate first and second choice):

2 days (TTH) _____ 3 days (MWF) _____ 5 days (M-F) _____

Are you interested in a mid-year opening if one should become available? Y / N

Would you like to remain on the waiting list for next year if we do not have an opening this year? Y / N

Postmark date (initial) _____

\$10 Registration fee received? Y / N