



Office Use Only:
Date Received _____ By _____
Reg. Fee \$50 Cash / Check # _____

REGISTRATION APPLICATION

We appreciate your interest in PPNS. Please submit this application with your \$50 non-refundable registration fee to our office on Monday through Friday during 9am – 1pm or by mail.

STUDENT'S INFO:

Child's Full Name: _____ Goes by: _____

Date of Birth: _____ Age: _____ **BOY** or **GIRL**

Child's Home Address: _____

City: _____ State: _____ Zip: _____

Add'l learning needs/physical assistance: _____

Potty-trained: **YES** or **NO** If no, please explain: _____

Allergies: _____

Previous school: _____

PREFERENCES & OTHER INFO:

Would you like to enroll your child in: **T/TH** or **M/W/F** or **Monday-Friday** (Pre-K required)

Preferred start date: _____

How did you hear about us: _____

PARENT(S)/GUARDIAN(S) INFO:

Full Name: _____ Relationship: _____

E-mail: _____ Preferred Phone: _____

Occupation: _____ Work Phone: _____

Home Address (if different from Child's): _____

City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____

E-mail: _____ Preferred Phone: _____

Occupation: _____ Work Phone: _____

Home Address (if different from Child's): _____

City: _____ State: _____ Zip: _____