

PLEASANTVILLE CHILDREN'S CENTER REGISTRATION 2024 – 2025 (New Families)

Both sides must be completed and returned with the non-refundable registration fee and deposit to secure a spot in class for your child. **Please complete one form per child.** Checks payable to: Pleasantville Children's Center.

CHILD'S NAME _____ BIRTHDATE _____ GENDER _____
REFER TO MY CHILD BY THE NAME: _____ (Preferred phone/e-mail will be used for class list distribution and billing):
ADDRESS _____ PREFERRED PHONE NUMBER _____
CITY/STATE/ZIP _____ PREFERRED E-MAIL _____
DOCTOR'S NAME _____ DOCTOR'S PHONE NUMBER _____

Parent's Information

Name _____
Address _____
City/State/Zip _____
Employer _____
Home Phone _____
Cell # _____
Business Phone _____
E-mail address for class/school newsletters _____

Parent's Information

Name _____
Address _____
City/State/Zip _____
Employer _____
Home Phone _____
Cell # _____
Business Phone _____
E-mail address for class/school newsletters _____

Please indicate any fears, allergies, food restrictions and/or medical concerns/conditions your child has or may have (additional information may be requested. WE ARE A NUT FREE SCHOOL).

Please indicate any special education services that your child currently receives, will receive, and/or might receive in preschool.

I hereby grant permission to persons of the Pleasantville Children's Center to refer the care of my child to a doctor and/or hospital in case of accident or sudden illness indicating such immediate treatment or surgery. It is understood that the first choice will be to consult the child's physician and the parents whenever possible. I also agree to be responsible for payment of any expenses arising from such treatment or surgery.

I give my permission to the Pleasantville Children's Center to include my child's name, his/her parents' names, address, phone number, birthdate, and e-mail address in a class-distributed directory.

I acknowledge that the Registration Fee and Tuition Deposit are non-refundable in accordance with the Pleasantville Children's Center Policy.

Signature of Parent or Guardian

Date

Child's School District:

Names/Birthdates of Younger Siblings:

(complete page 2 on back)

**PLEASANTVILLE CHILDREN'S CENTER
REGISTRATION 2024 – 2025 (New Families)**

COMPLETE ONE FORM PER CHILD

"TERRIFIC TODDLERS"
(9:00 AM to 11:50 AM)

Tues./Thurs. _____

Annual Tuition: \$3,590

Tuition Deposit: \$359

"THRILLING THREES"
(9:00 AM to 11:50 AM)

Mon./Wed./Fri. _____

Annual Tuition: \$4,710

Tuition Deposit: \$471

"PRECIOUS PRESCHOOLERS" 3's & 4's Group
(9:00 AM to 11:50 AM)

Mon. – Fri. _____

Annual Tuition: \$6,480

Tuition Deposit: \$648

****IMPORTANT! If you have a three-year-old and are interested in this option, please discuss your preference with the director prior to registering.**

I PLAN TO REGISTER MY CHILD FOR UPK ONCE HE/SHE IS ELIGIBLE **YES** **NO**

Sibling Discount: Subtract 5% on deposit amount of your youngest child (limit of one discount per family) = \$_____**

**Sibling discount for your one youngest child will also be applied to each month's tuition.

Registration Fee: \$75.00 (one child), \$100.00 (two or more children)

Please return this registration form to Pleasantville Children's Center along with a check for the registration fee and tuition deposit. Your child will not be registered until payment clears.

How did you hear about PCC?

OFFICE USE: Reg. Fee Paid _____ Reg. Form Completed _____

Reg. Invoiced _____ OR Check # _____ Date: _____