Date Received	
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Faithbridge Presbyterian Preschool

A ministry of Faithbridge Presbyterian Church Application Form 2024-2025 School Year

Child's Name			Gender M	I F
Child's Date of Birth	Age as of Sept 1, 2024			
Mother	Father			
Child's Street Address				
City	State	Zip		
Primary Phone	Secondary Phone			
Email Address				
Please check one: Returning FPP Student New Applicant	S	Sibling of Current I	FPP Student	
Siblings also applying for FPP: Name	Name_			
Referred by				
Program applying for:				
5-Day Program \$530 month (\$225 Supply Fee; \$	•	eptance, \$50 due J	anuary 10, 20 <i>2</i>	25)
3-Day Program (Tues/Wed. (\$175 Supply Fee de	,	•		
2-Day Program (Tues/Thur (\$125 Supply Fee do		•	2 & 3 year old	s
***A nonrefundable annual Registration leads in order for registration to be comple				
	OFFICE USE (ONLY:email/	GG/emerg/	_QB/recur