



MOUNT PLEASANT PRESBYTERIAN LEARNING CENTER

Application for Enrollment 2017-2018

Mail to: MPPLC, 302 Hibben St, Mt. Pleasant, SC 29464, or

Fax to: 843-884-9040 or **Email to:** mstarr@mppc.net

Choose a Class (Check One):

Your child must be the appropriate age as of September 1, 2017 to start in the requested class. Please circle the preferred days for older toddlers and 2's:

- | | |
|--|---|
| <input type="checkbox"/> 3 – 11 mo. class (1 day/Friday) | <input type="checkbox"/> 3 year old class (MWF) |
| <input type="checkbox"/> 12 – 17 mo. class (2 days/TTH) | <input type="checkbox"/> 4 year old class (4 days M-TH) |
| <input type="checkbox"/> 18 – 23 mo. class (2 days/ MW or TTH) | <input type="checkbox"/> 4 year old class (5 days M-F) |
| <input type="checkbox"/> 2 year old class (2 days/TTH) | <input type="checkbox"/> 5 year Kindergarten (M-F) |
| <input type="checkbox"/> 2 year old class (3 days/MWF) ** | |

**** Priority Process:** For the MWF 2K class, priority is given first to those students who will also have a sibling in the MWF 3K class and then priority goes to those students who have older siblings in the 5day 4K and 5K programs, then 4day 4K.

Please CIRCLE the class your older child will be registered in:

3K 5day 4K 5K 4day 4K

Please identify your child as one of following:

- | | |
|---|--|
| <input type="checkbox"/> Child currently enrolled | <input type="checkbox"/> Church Member, not currently enrolled |
| <input type="checkbox"/> Sibling currently enrolled | <input type="checkbox"/> Non-church member, not currently enrolled |

Child's Information (Please Print):

Child's Name _____ Male / Female (Circle one)

Name to be called _____

Date of Birth _____ Age on September 1, 2017 _____

Street Address _____

City/Zip/Subdivision _____

Email _____ Home Phone _____

Father's Name _____ Employer _____

Business Phone _____ Cell Phone _____

Mother's Name _____ Employer _____

Business Phone _____ Cell Phone _____

Names and ages of other siblings in the family _____

Religious Affiliation _____

If your child has any special needs/health problems/allergies that we should be aware of please list below and describe in full _____

AGREEMENT

I wish to enroll my son/daughter in the Mt Pleasant Presbyterian Learning Center for the 2017-2018 school year. I understand that if accepted, a registration fee equal to one month's tuition is due by February 24, 2017 in order to reserve a spot in the program. I understand the registration fee is **NON-REFUNDABLE**. I agree to follow all school policies for the 2017-2018 school year. I understand the director has the discretion to balance the classes according to gender and by birthdates. I understand that a child entering the 3K program must be **completely** potty trained by the first day of class in September 2017.

Signature _____ Date _____ Office Use: Date Received _____