



**PROVIDENCE ACADEMY
3 YEAR OLD PRESCHOOL AND PRE-KINDERGARTEN
ENROLLMENT APPLICATION
ACADEMIC YEAR 2018-2019**

This enrollment application along with the non-refundable fee of \$75 per family is due by February 5, 2018.

Student Information (Please Print)

Last Name	First Name	Middle Initial	Male/ Female	Grade in 2018-2019	Date of Birth Mo/Day/Year

Parent Information (Please Print)

Father's Name

Mr./Dr. _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

E-Mail Address: _____

Religion/Church: _____

Mother's Name

Mrs./Ms./Dr. _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

E-Mail Address: _____

Religion/Church: _____

Registration Agreement

I/We, the undersigned, upon acceptance of this application, agree to the process of application set forth by Providence Academy. I/We acknowledge that Providence Academy reserves the right to cancel this application at any time. Furthermore, I/we vouch for the accuracy and completeness of all of the information provided here and throughout the Providence Academy enrollment process.

Father's
Signature _____ Date: _____

Mother's
Signature: _____ Date: _____