



**PROVIDENCE ACADEMY  
3 YEAR OLD PRESCHOOL AND PRE-KINDERGARTEN  
ENROLLMENT APPLICATION  
ACADEMIC YEAR 2019-2020**

Please return this enrollment application along with the non-refundable fee of \$75 per family to the office.

**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: \_\_\_\_\_