



MOUNT PLEASANT PRESBYTERIAN LEARNING CENTER
Application for Enrollment 2020-2021

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

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

Choose a Class (Check One):

Your child must be the appropriate age as of September 1, 2020 to start in the requested class.

- | | |
|--|--|
| <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"/> 3 year old class (M-F) |
| <input type="checkbox"/> 18 – 23 mo. class (2 days/ MW) | <input type="checkbox"/> 4 year old class (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) | |

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, 2020 _____

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 _____

I give Mount Pleasant Presbyterian Learning Center permission to use my child's likeness in any and all of its publications and in any and all other media (ie: website, social media, videos). _____ YES _____ NO _____ Signature

AGREEMENT

I wish to enroll my child in the Mt Pleasant Presbyterian Learning Center for the 2020-2021 school year. I understand that if accepted, a registration fee equal to one month's tuition is due by February 28, 2020 in order to reserve a spot in the program. I understand the registration fee is **NON-REFUNDABLE** and does not go towards tuition. I agree to follow all school policies for the 2020-2021 school year and register with the FACTS tuition program upon acceptance. 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 2020.

Signature _____ Date _____ Office Use: Date Received _____