



MOUNT PLEASANT PRESBYTERIAN LEARNING CENTER
Application for Enrollment 2024-2025

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

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

Choose a Class (Check One):

Your child must be the appropriate age as of September 1, 2024, to start in the requested class.

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

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)
Preferred Name _____
Date of Birth _____ Age on September 1, 2024, _____
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 developmental disorders/health issues/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 all its publications and in all other media (i.e.: website, social media, videos). **YES** **NO** _____ **Signature**

AGREEMENT

I wish to enroll my child in the Mt Pleasant Presbyterian Learning Center for the 2024-2025 school year. I understand that if accepted, a registration fee equal to one month's tuition is due by February 19th, 2024, 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 2024-2025 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 2024.

Signature

Date

Office Use: Date Received _____