



Palma Ceia
Presbyterian Preschool
 Strong roots. Strong branches.

WAITLIST APPLICATION

Palma Ceia Presbyterian Preschool
 3501 W San Jose Street
 Tampa, Florida 33629
 813-251-6492
preschool@palmaceia.org

INSTRUCTIONS:

1. Please read and complete the entire application.
2. A non-refundable check of \$25.00 is required for placement on the waiting list. Please return the completed form with your check payable to Palma Ceia Presbyterian Preschool.
3. Complete your application by registering for and attending a tour of the preschool, available monthly. Contact the preschool to register for the next available tour date.

FAMILY INFORMATION

Child's Name: _____ Date of Birth: _____ / _____ / _____
(FIRST) (MIDDLE) (LAST)

Desired date of enrollment: _____ Gender: _____

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Cell Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Does child have any special needs of which you are aware? _____

If so, please explain? _____

Are you a member of Palma Ceia Presbyterian Church? _____

Does your child currently have a sibling enrolled at Palma Ceia Presbyterian Preschool? _____

My signature below indicates I acknowledge the following:

- It is my responsibility to notify PCPC Preschool in writing of any changes to this information.
- PCPC Preschool communicates primarily via email and the website.
- My waiting list application is complete only after I have attended a tour.
- This completed waiting list application is not a contract to enroll at PCPC Preschool.
- On or before the designated deadline, a valid DH-680, Florida Certificate of Immunization, is required for school entry and attendance.
- I have read the PCPC Preschool Handbook (www.pcpcpreschool.org), understand the school regulations and guidelines, and wish to place my child on the waiting list for the program.
- If a space for my child becomes available, I will be notified by email. If I do not respond to notification within 48 hours, the space will be offered to another family.

PARENT SIGNATURE: _____ DATE: _____

STAFF USE ONLY: Date of Fee and Waitlist Application Submitted: _____
 Date Tour Completed: _____ Staff Initials: _____