

2026 - 2027 REGISTRATION FOR PRECIOUS PROMISES PRESCHOOL

PLEASE PRINT LEGIBLY

Date: _____

Child's Full Name: _____

Male _____ Female _____

Name to be called at school: _____

Birth Date _____

Mailing Address: _____

street

apt #

city

zip

Home Phone Number _____

Mother's Name _____

Father's Name _____

Mother's cell number _____

Father's Cell Number _____

Mother's Email _____

Father's Email _____

Mother's Occupation _____

Father's Occupation _____

Program Desired: Please check one line or indicate 1st and 2nd choice

Preschool 2's _____
_____ 2-day (T/Th) _____
_____ 3-day (MWF) _____
_____ 2-day & 3-day (M-F) _____

Preschool VPK _____

3-day Free VPK (MWF) 9:00a-2:30p - must provide Eligibility Certificate from ELC of Duval - elcduval.org
3-day Free VPK (TWTh) 9:00a-2:30p - must provide Eligibility Certificate from ELC of Duval - elcduval.org
4-day Free VPK (M-Th) 9:00a-1:15p - must provide Eligibility Certificate from ELC of Duval - elcduval.org
5-day Free VPK (M-F) 9:00a-12:30p - must provide Eligibility Certificate from ELC of Duval - elcduval.org

Preschool 3's _____
must be _____
toilet trained _____

Preschool VPK _____

3-day Parent Paid VPK (MWF) 9:00a-2:30p
3-day Parent Paid VPK (TWTh) 9:00a-2:30p
4-day Parent Paid VPK (M-Th) 9:00a-1:15p
5-day Parent Paid VPK (M-F) 9:00a-12:30p

Church Affiliation _____ Are you a member (of church listed)? Yes _____ No _____

How did you hear about our preschool? _____

Returning Student? Yes _____ No _____ Please list any siblings attending: _____

Please submit with this form (if not already on file from previous year):

- _____ Copy of Child's Birth Certificate
- _____ FL Certification of Immunization - signed by pediatrician
- _____ FL School Entry Health Exam Form (complete both sides) - from pediatrician
- _____ Registration Fee (if applicable) - **Registration Fees are non-refundable.**

Registration Fees: Preschool 2's, 3's and Parent Paid VPK programs - \$150

Free VPK (eligible students) - No charge

Additional Information _____

For Office Use Only

Date Application
Received: _____
Family Set Up
in Smartcare: _____
Registration Paid: _____
Directory: _____
Health Forms: _____
Labels: _____