

Salisbury Presbyterian Preschool

13621 W. Salisbury Road
Midlothian, Virginia 23113



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Registration Information 2019-2020

Child's Name: First: _____ Middle: _____ Last: _____

Name Used/Preferred: _____ **Allergies:** _____

Birthday: Month: _____ Date: _____ Year: _____ Age: _____ Gender: _____

Please fill out the following as you would like it to appear in the 2019-20 Student Directory.

Parent Names: _____

Phone: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Subdivision: _____

The child lives with: _____ both parents _____ mother _____ father _____ other

Father: Mr. Dr. _____

Mother: Mrs. Ms. Dr. _____

Place of Employment: _____

Place of Employment: _____

Title: _____

Title: _____

First Contact #: H/W/C _____

First Contact #: H/W/C _____

Second Contact #: H/W/C _____

Second Contact #: H/W/C _____

Third Contact #: H/W/C _____

Third Contact #: H/W/C _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Previous preschool experience: _____

Are you a Salisbury Presbyterian Church member? _____

In the event we are unable to reach you :

Emergency contact - Name/ Phone Number/ Relationship: _____

Class Options:

_____ Onesies Group (M) _____ Toddler 2 's (M/W)
_____ 2 's (T/TH) _____ 2 's (W/F)
_____ 3's (M/W/F) _____ 3's (T/TH/F) _____ 3's (T/TH)
_____ Pre-K (M-TH)) _____ Pre-K Ext. (M-TH)) _____ Pre-K (M-F)
_____ MMO (F)

Class Preferences

1. No Preference: _____
2. I would like my child to be with a particular teacher: _____
3. I would like my child to be with a friend: _____

SIGNED: _____ **DATE:** _____

OFFICE USE - Birth Certificate Verification

Student Name: _____
D.O.B.: _____ File Number: _____
Place of Birth: _____ Date Filed: _____
Original Birth Certificate Witnessed By: _____
Signature: _____ Today's Date: _____

OFFICE USE

Class Assignment : _____ MMO : _____