

Salisbury Presbyterian Preschool

13621 W. Salisbury Road
Midlothian, Virginia 23113

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Registration Information 2020-2021



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 2020-21 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 ? _____ If yes, DCM Signature: _____

In the event we are unable to reach you :

Emergency contact - Name/ Phone Number/ Relationship : _____

Class Options:

_____ Onesies Group
(to be determined)

_____ Toddler 2 's
(to be determined)

_____ 2 's (T/TH)

_____ 2 's (W/F)

_____ 3's (M/W/F)

_____ 3's (M-TH)

_____ 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 : _____