

# Salisbury Presbyterian Preschool

13621 W. Salisbury Road  
Midlothian, Virginia 23113

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## Registration Information 2021-2022



Child's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name Used/Preferred: \_\_\_\_\_ **Allergies:** \_\_\_\_\_ Has **EpiPen/AUVI-Q** (pls.circle)

Birthday: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Please fill out the following as you would like it to appear in the 2021-22 Student Directory.**

Parent Names: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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:**

\_\_\_\_\_ Toddler 2 's  
(Proposed days M/F)

\*Indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice when options are available:

\_\_\_\_\_ 2 's (T/TH)

\_\_\_\_\_ 2 's (W/F)

\_\_\_\_\_ 3 's (T/TH)

\_\_\_\_\_ 3's (M/W/F)

\_\_\_\_\_ 3's (M-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 : \_\_\_\_\_