

Today's Date _____

SMPC PRESCHOOL: CONTACT FORM

- ☐ Church Member
- ☐ Sibling Enrolled / Past Family
- ☐ Enroll As Soon As Possible

- ☐ Place on Current Wait List
- ☐ Enroll in the Fall
- ☐ Place on Wait List for the Fall

Child's Name _____

Gender: M ☐ F ☐

Child's Birth Date ____/____/____

Mother's Name _____ Cell Number _____

Father's Name _____ Cell Number _____

Email Address _____

How did you hear about our preschool? _____

Has your child ever been to preschool before? Y ☐ or N ☐

If so, when and where? _____

Does your child have any special needs or diagnoses that would affect their learning? Y ☐ or N ☐

If so, please explain: _____

Age groups are based on age as of Aug. 31 of the school year applying unless otherwise noted

Age _____ Days Desired _____

☐ 4s/5TK 5 days per week (Transitional Kindergarten=turns 5 years old between June- December)

☐ 4s 4 days per week

☐ 3s 4 days per week

☐ 3s 3 days per week

☐ 2s 3 days per week (Recommended for Older 2s)

☐ 2s 2 days per week (Recommended for Younger 2s)

Office Notes:

- Tour: _____

South Mecklenburg Presbyterian Church Preschool ♦ 8601 Bryant Farms Road ♦ Charlotte, NC 29288 ♦ 704.544.9831