

Today's Date _____

SMPC PRESCHOOL: CONTACT FORM

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

- Place on Wait List, if necessary
- 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 _____

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

If so, when and where? _____

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

<u>Age</u>	<u>Days Desired</u>
_____ TK	<i>5 days per week (turns 5 years old between June- October)</i>
_____ 4s	<i>5 days per week</i>
_____ 4s	<i>4 days per week</i>
_____ 3s	<i>4 days per week</i>
_____ 3s	<i>3 days per week</i>
_____ 3s	<i>5 days per week (Older 3s)</i>
_____ 2s	<i>3 days per week (Older 2s)</i>
_____ 2s	<i>2 days per week (Younger 2s)</i>

Office Notes:

- Tour: _____
- * _____