

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**

<u>Age</u>	<u>Days Desired</u>
_____ 4s/5TK	5 days per week (TK=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 (Older 2s)
_____ 2s	2 days per week (Younger 2s)

**Office Notes:**

- Tour: \_\_\_\_\_
- \* \_\_\_\_\_