

# Second Presbyterian Preschool

## New Student Application Form



Please complete a separate form for each child.

Date: \_\_\_\_\_

### PARENT INFORMATION

**Parent #1** Name: \_\_\_\_\_

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

Phone (C): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent #2** Name: \_\_\_\_\_

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

Phone (C): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CHILD'S INFORMATION

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

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

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Girl  Boy

Are you a member of Second Presbyterian Church:  Yes  No

Siblings in our program: Names & Classes

1. \_\_\_\_\_

2. \_\_\_\_\_