

Second Presbyterian Preschool Program Selection



Name of Child: _____

Date: _____

Name of Parent: _____

Email: _____

If new student, this email will be used to complete application.

| | CORE DAY 9:00 - 12:00 | EARLY CARE 8:00 - 9:00 | LUNCH BUNCH 12:00 - 1:00 | AFTER CARE 1 1:00 - 2:00 | AFTER CARE 2 2:00 - 5:30 |
|--------------------------|--|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> | INFANTS M T W TH F | M T W TH F | M T W TH F | M T W TH F | M T W TH F |
| <input type="checkbox"/> | 5 DAY M - F ✓ ✓ ✓ ✓ ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 4 DAY Select Days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 3 DAY M - W - F ✓ <input type="checkbox"/> ✓ <input type="checkbox"/> ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 2 DAY T - TH <input type="checkbox"/> ✓ <input type="checkbox"/> ✓ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | ONES M T W TH F | M T W TH F | M T W TH F | M T W TH F | M T W TH F |
| <input type="checkbox"/> | 5 DAY M - F ✓ ✓ ✓ ✓ ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 4 DAY Select Days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 3 DAY M - W - F ✓ <input type="checkbox"/> ✓ <input type="checkbox"/> ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 2 DAY T - TH <input type="checkbox"/> ✓ <input type="checkbox"/> ✓ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | YOUNG TWOS M T W TH F | M T W TH F | M T W TH F | M T W TH F | M T W TH F |
| <input type="checkbox"/> | 5 DAY M - F ✓ ✓ ✓ ✓ ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 3 DAY M - W - F ✓ <input type="checkbox"/> ✓ <input type="checkbox"/> ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 2 DAY T - TH <input type="checkbox"/> ✓ <input type="checkbox"/> ✓ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | TWOS + M T W TH F | M T W TH F | M T W TH F | M T W TH F | M T W TH F |
| <input type="checkbox"/> | 5 DAY M - F ✓ ✓ ✓ ✓ ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | THREES M T W TH F | M T W TH F | M T W TH F | M T W TH F | M T W TH F |
| <input type="checkbox"/> | 5 DAY M - F ✓ ✓ ✓ ✓ ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | After Care Enrichments (During After Care 1 (1:00-2:00)) | | | | |
| <input type="checkbox"/> | Science Club M ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Soccer Shots T <input type="checkbox"/> ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Creative Movement W <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Classical Music Th <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | FOURS M T W TH F | M T W TH F | M T W TH F | M T W TH F | M T W TH F |
| <input type="checkbox"/> | 5 DAY M - F ✓ ✓ ✓ ✓ ✓ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | Soccer Shots M ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Science Club T <input type="checkbox"/> ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Creative Movement W <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | Classical Music Th <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/> | | | | |