

Name child is to learn to write and recognize _____

Do you have a home church or place of worship? _____

Siblings (Names and Birthdays):

To what extent is your child toilet trained? _____

List any previous Preschool experience. _____

How did you hear about St. Peter's UCC Preschool?

What additional information about your child do you feel would benefit the teacher? _____

CHECK YOUR ENROLLMENT CHOICE FOR YOUR CHILD
(Indicate first and second choice)

() Morning Session 9:00 to 12:00 (\$130.00/month) 3 day M-W-F

() Morning Session 9:00 to 12:00 (\$100.00/month) 2 day T-R

() Afternoon Session 12:45 to 3:15 (\$90.00/month) 2 day T-R

A non-refundable fee of \$40 is required to secure your child's place in class. Please make checks payable to St. Peter's UCC Preschool.

Signature of Parent/Guardian

Date