PHILADELPHIA PRESBYTERIAN CHURCH PRESCHOOL 2025-2026 REGISTRATION

Registration Fee is non-refundable.Your child's spot will be held once we receive you Registration Fee.

11501 Bain School Road, Mint Hill, NC 28227

www. philadelphiachurch.org/preschool

Philadelphio

PRESCHOO

© 704-545-3439 x 122

school@philadelphiachurch.org

| CHILD'S NAME: | | | | | | |
|---|------------------------|-------------------|------------------|-----------------|-------------|--|
| | first | middle | last | (preferred na | me) | |
| ADDRESS:stree | | | ty | state | zip code | |
| DATE OF BIRTH: | | _ | <u></u> | State | zip codc | |
| | | WIALE | FEWIALE | | | |
| CHILD LIVES WITH: | | CDANIDDADENT(| c) CHADDIAN | J OTHER | | |
| BOTH PARENTS MOM | L DAD | GRANDPARENT | S) GUARDIAI | N OTHER_ | | |
| PARENT 1 | | | | | | |
| | RELATIONSHIP TO CHILD: | | | | | |
| ADDRESS:street | | city | state | zip code | | |
| CELL PHONE: | | , | | 1 | | |
| OCCUPATION: | JPATION: WORK PHONE: | | | | | |
| PARENT 2 | | | | | | |
| NAME: | RELATIONSHIP TO CHILD: | | | | | |
| ADDRESS:street | | city | state | zip code | | |
| CELL PHONE: | | , | | ' | | |
| OCCUPATION: | JPATION: WORK PHONE: | | | | | |
| SIBLINGS(WITH AGES): | | | | | | |
| DOES YOUR CHILD HAVE AN | Y: CHRONIC N | MEDICAL CONDITION | IS (ASTHMA, ALLE | RGIES, DIABETES | S, ETC.)? | |
| | | | | | | |
| SPEECH, MOTOR SKILL DELAYS/CHALLENGES, SPECIAL EDUCATION NEEDS? | | | | | | |
| | | | | | | |
| SOCIAL/EMOTIONAL CONG | CERNS (SEPA | ARATION ANXIETY, | FEARS, ETC.)? | | | |
| | | | | | | |
| HAS YOUR CHILD BEEN IN | PRESCHOOL | . OR DAYCARE BEF | ORE? | | | |
| NO YES IF | YES, PRESC | HOOL DAYCAR | E | | | |
| Signature of Parent/Guardian: | | | Date: | | | |
| | | 320116 | | | | |