



# Setauket Presbyterian Preschool

setauketpreschool.org • director.spp1968@gmail.com

## 2024-2025 Registration Form

Child's name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Child's birth date \_\_\_\_\_

Class child is to be registered (please check):

2's (TTH-Mornings)     2's (TTH-Afternoons)     3's (MWF)     3/4's (MWF)     3/4's (M-F)

Home Address \_\_\_\_\_  
street town zip code

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

Primary Phone \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

### Parent/Guardian Information:

(1) Name \_\_\_\_\_ (2) Name \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to send your child to preschool? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this form, and a non-refundable **\$100** registration fee to the following address. When writing your check, please make it payable to: Setauket Presbyterian Preschool.

Setauket Presbyterian Preschool  
P.O. Box 1006  
Setauket, NY 11733  
(631) 941-4271

For office use only: Check number \_\_\_\_\_ Check dated \_\_\_\_\_ Check amount \_\_\_\_\_