



# Setauket Presbyterian Preschool

setauketpreschool.org • director.spp1968@gmail.com

## 2023-2024 Registration Form

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

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

Class child is to be registered (please circle):

2's (TTH)

3's (MWF)

4's (MWF)

4's (M-F)

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

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

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

Email Address: (Parent/Guardian 1) \_\_\_\_\_

Email Address: (Parent/Guardian 2) \_\_\_\_\_

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

### Parent/Guardian Information:

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

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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

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

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 option 8

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