



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) Pre-K (MWF) Pre-K (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 dated _____ Check number _____ Check amount _____