



Setauket Presbyterian Preschool

setauketpreschool.org • director.spp1968@gmail.com

2022-2023 Registration Form

Child's name _____

Nickname _____ Gender _____ Child's birth date _____

Class child is to be registered (please circle):

2's (MW)

3's (TTH)

Mixed Age-4's (MWF)

Mixed Age-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 _____