

Presbyterian Preschool Registration Form

Child's name: _____ Male Female

Name to be used at school: _____

Address: _____

City: _____ Indiana Zip: _____

Birthdate: _____ Class: (circle one)

Pre-K (4 yrs. old by Aug. 1st)

3 yr. old (3 yrs. old by Aug. 1st)

Parent's Name(s): _____

Home phone: _____

Work phone: _____

Cell phone: _____

Return this form along with a \$25 non-refundable registration fee. This will hold a spot for your child in the appropriate class. Please drop off or mail form to:

Presbyterian Preschool
123 W. Hill Street
Wabash, IN 46992

*Please make checks payable to Presbyterian Church.