

Towson Presbyterian Preschool
400 W. Chesapeake Avenue
Towson, Maryland 21204

Application for Admission

2018 – 2019

Child's Full Name _____

First Middle Last

Birth Date _____ Sex _____ Nickname _____

Address _____

Number Street Town Zip

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian Name:

Mr./Mrs./Ms./Dr. _____

Address: (if different from child) _____

Mr./Mrs./Ms./Dr. _____

Address: (if different from child) _____

Please note if you have priority status:

_____ member Towson Presbyterian Church

_____ currently enrolled

_____ child previously enrolled (child's name) _____

Please identify any routine medication necessary for this child _____

Does your child have an IFSP or an IEP? _____ yes _____ no

Morning Preschool Program: Please check the group you want for your child

4 Year Old Groups

3 Year Old Groups

2 Year Old Group

_____ 5 mornings/week (age 4 by 9/1)

_____ 5 mornings/week (age 3 by 9/1)

_____ 3 mornings/week (age 2 by 3/31/18)

_____ 3 mornings/week (age 3 by 9/1)

_____ 2 mornings/week (age 2 by 9/1)

_____ 5 mornings/week (age 2 by 3/31/18)

Full Time Preschool Program: Please circle the age of your child and check the group
Full Time 2 year olds need to be 2 by 3/31/18.

Monday-Friday (3 & 4 yr olds) Please circle

_____ 5 full days (7:30 – 5:30)

_____ 5 ams + 4 pms (leave 1 day at noon)

_____ 5 ams + 3 pms (leave 2 days at noon)

Monday/Wednesday/Friday (2 & 3 yr. olds) Please circle

_____ 5 full days (7:30 – 5:30)

_____ 3 full days (7:30-5:30)

_____ 3ams +2 pms (leave 1 day at noon)

Parents Day Out: All children may use occasionally on their school days, but if you plan to attend regularly, please note days and times _____

Earn and Learn Opportunity:

_____ I wish to be a paid assistant.

Times a week:

_____ I wish to be called as a substitute.

___ M-F ___ MWF ___ TTh

A \$75 registration fee must accompany each application. This amount is in addition to the tuition and is not refunded after the application has been accepted. Only one registration fee per year per child. Please make checks payable to TPP.

Parent Signature _____

Date _____