

**Application for Admission 2024-2025
Towson Presbyterian Preschool**

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____

Address: _____
 Number Street Town Zip

Preferred Email: _____

Parent/Guardian Name 1: _____

Address if different from child: _____

Cell Phone Parent/Guardian 1: _____

Parent/Guardian Name 2: _____

Address if different from child: _____

Cell Phone Parent/Guardian 2: _____

Please note if you have priority status:

- _____ member Towson Presbyterian Church
- _____ currently enrolled
- _____ child previously enrolled (Child's Name: _____)

Does your child have an IFSP or an IEP: Yes/No (circle one)

Please select the preschool program for your child's enrollment below:

• ***Morning Preschool Program:***

4 Year Old	3 Year Old	2 Year Old
_____ 5 mornings/week	_____ 5 mornings/week	_____ 5 mornings/week
	_____ 3 mornings/week	_____ 3 mornings/week
		_____ 2 mornings/week

Do you plan to use Parent's Day Out on a regular basis? Yes/No (Circle one)

• ***Morning Preschool Program with Extended Day:***

4 Year Old	3 Year Old	2 Year Old
_____ 5 full days/week	_____ 5 full days/week	_____ 5 full days/week
	_____ 3 full days/week	_____ 3 full days/week
		_____ 2 full days/week

A \$100 registration fee must accompany each application. This amount is in addition to the tuition and is not refunded after the application has been accepted. Please make checks payable to Towson Presbyterian Preschool.

Parent's Signature: _____ Date: _____

