## Application for Admission 2024-2025 Towson Presbyterian Preschool

		Nickname:		
Date of Birth:		Gender:		
Address:				
Number	Street	Town	Zip	
Preferred Email:				
Parent/Guardian Name 1: _				
Address if different from chi	ld:			
Cell Phone Parent/Guardian	1:			
Parent/Guardian Name 2: _				
Address if different from chi	ld:			
	2:			
Please note if you have prior				
,	 _member Towson Presbyterian Churc	ch		
	<del>-</del>	<del></del>		
	currently enrolled			
	_currently enrolled _child previously enrolled (Child's Na	me:		
	child previously enrolled (Child's Na	me:		
		me:		
Does your child have an IFSF	child previously enrolled (Child's Na			
Does your child have an IFSF	child previously enrolled (Child's Na or an IEP: Yes/No (circle one) chool program for your child			
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Does your child have an IFSF  Please select the pres  • Morning Preschool  4 Year Old	child previously enrolled (Child's Na P or an IEP: Yes/No (circle one) chool program for your child Program:  3 Year Old	d's enrollment belor 2 Year O5 morni3 morni	<b>w:</b> Old ings/week ings/week	
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Please select the pres  • Morning Preschool  4 Year Old  _5 mornings/week  Do you plan to use Parent's  • Morning Preschool  4 Year Old	child previously enrolled (Child's Na P or an IEP: Yes/No (circle one)  chool program for your child  Program:  3 Year Old 5 mornings/week3 mornings/week  Day Out on a regular basis? Yes/No (  Program with Extended Day: 3 Year Old	2 Year O5 morni3 morni2 morni Circle one)	w:  Old  ings/week  ings/week  old  vs/week	

Parent's Signature: \_\_\_\_\_\_Date: \_\_\_\_\_