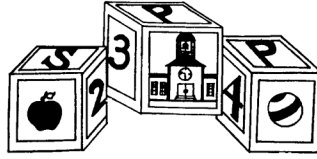


Salisbury Presbyterian Preschool

13621 Salisbury Road
Midlothian, Virginia 23113

LAUREN ECKARD, DIRECTOR
794-5311 EXT 114
leckard@salisburypc.org



APPLICATION FOR ENROLLMENT (Please type or print.)

Child's Full Name: _____ Name Used/Preferred: _____

Birthdate: Month _____ Day _____ Year _____ Age _____ Sex _____

Parent(s): _____

Address: _____

_____ Zip Code _____

Subdivision: _____

Home Phone: _____ Mom's Cell Phone: _____

E-Mail: _____ Dad's Cell Phone: _____

The child lives with: _____ both parents _____ mother _____ father _____ other

Occupation(s) and Location(s):

Father: _____ Business Phone: _____

Mother: _____ Business Phone: _____

Family Church Membership: _____

Names and ages of siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Previous preschool experience: _____

During the year what are some things you would like for us to do for your child?

SIGNED: _____ **DATE:** _____