

First Presbyterian Preschool  
3401 N. VALPARAISO STREET  
VALPARAISO, IN 46383  
(219)464-4985 fpcvalpo.org

Please submit with  
\$75 non-refundable  
Registration Fee  
(2024-2025 school year)

Class Preference:

- Early Learners 3-4 Year Old Class \$130 (Tues./Thurs. 9-11 am) \_\_\_\_\_
- 3 Day Kindergarten Readiness Class \$170 (Mon./Wed./Fri 9am-12:00 pm) \_\_\_\_\_
- 3 Day KR Extended Day \$75/mo (Mon./Wed./Fri. 12-2 pm) \_\_\_\_\_
- 5 Day Kindergarten Readiness Class \$245 (Mon-Fri 9 am – 12 pm) \_\_\_\_\_
- 5 Day KR Extended Day \$165 (Mon-Fri 12 pm – 2 pm) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address where we can contact you: \_\_\_\_\_

How did you hear about our preschool?: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Name(s) of Legal Guardian(s): \_\_\_\_\_

Child resides with \_\_\_\_\_

Emergency Phone Numbers:

Mother's \_\_\_\_\_ Father's: \_\_\_\_\_

Other \_\_\_\_\_

Name of Siblings: Brothers: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Sisters: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Who will pick up your child be after nursery school? \_\_\_\_\_

Names & Phone numbers: \_\_\_\_\_

Are there others living in the house? \_\_\_\_\_ If so, their relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency, will you allow the teacher to call an ambulance? \_\_\_\_\_

Should your child's physical activities be limited in any way? \_\_\_\_\_

\_\_\_\_\_

Does your child have any food restrictions or general allergies? \_\_\_\_\_ Please describe in detail (severity, treatment) \_\_\_\_\_

Describe here any physical or behavior problems of which we should be aware: \_\_\_\_\_

Are parent's members of a church? \_\_\_\_\_ If so, what church?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Has your child attended Church School? \_\_\_\_\_ Where? \_\_\_\_\_

What does your child particularly like to do? \_\_\_\_\_

What does your child particularly dislike doing? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

What do you expect from the nursery school for your child? \_\_\_\_\_

Other comments/information you wish to share: \_\_\_\_\_

***Please return this form to First Presbyterian Preschool along with your \$75 registration fee. Thank you!***