



Registration for Concordia Preschool

Applying for:

_____ T/TR morning two year old class

Three year olds classes:

_____ M/W/F Mornings _____ Five Mornings

Four year old classes:

_____ M/W/F Mornings _____ Five Mornings

_____ Five morning Readiness class

Please indicate (**I**) In-house family, (**R**) Returning family, or (**N**) New family: _____

LAST NAME

FIRST NAME

BIRTH DATE & AGE AS OF
9/1/2010

NAME TO BE CALLED

NAME TO BE WRITTEN

BOY OR GIRL?

STREET ADDRESS

DEVELOPMENT

CITY

STATE ZIP

MOTHER'S NAME

HOME PHONE

CELL PHONE

FATHER'S NAME

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

Has your child had any group play or other preschool experience? Please describe.

Is your child cared for by someone other than parents? Please explain.

Are there other children at home? If so, please give names and ages.

How does this child relate to his/her siblings?

(Continues on other side)

How do you handle discipline?

Was your child premature? When did he/she crawl, walk, and talk?

What activities does he/she enjoy? Are there any specific interests?

How does he/she feel about coming to school?

Do you have any specific expectations of the preschool program at Concordia?

Please return this registration form with a \$50.00 registration fee to:

**Concordia Preschool
3003 Silverside Road
Wilmington, DE 19810**

www.concordiapreschool.org