



**Preschool Application for School Year \_\_\_\_\_**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred School Name: \_\_\_\_\_

How did you hear about Tenth Church Preschool? \_\_\_\_\_

Previous Preschool Experience: \_\_\_\_\_

**2 – Year - Old Program (Age 2 years, seven months by September 1<sup>st</sup>)**

\_\_\_\_\_ 2 Days: Tuesday and Thursday (8:30am – 11:45am)

**3 – Year - Old Program (Age 3 by September 1<sup>st</sup>)**

\_\_\_\_\_ 3 Days: Monday, Wednesday, and Friday (8:30am – 11:45am)

**Pre-K Program (Age 4 by September 1<sup>st</sup>)**

\_\_\_\_\_ 5 Days: Monday through Friday (8:30am – 12pm)

**Kindergarten Program (Age 5 by September 1<sup>st</sup>)**

\_\_\_\_\_ 5 Days: Monday through Friday (8:30am – 12pm)

Parent/Guardian Information

Parent 1: \_\_\_\_\_

Marital Status \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Marital Status \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Application Fee: \$50 (non-refundable)

Checks are payable to: Tenth Presbyterian Church, 1701 Delancey Street, Philadelphia, PA 19103

Tenth Church Preschool admits students of any race, color, religion, gender and national or ethnic origin.

For office use only: Date Received \_\_\_\_\_

Check # \_\_\_\_\_