

Draw Level_____

Draw #_____

DAVIDSON COLLEGE PRESBYTERIAN CHURCH
WEEKDAY PRESCHOOL
General Public

Child's Age as of 08/31/10_____

Child's Name: _____

Currently Enrolled: _____ yes _____ no

Child's Birth Date: ____/____/____ Boy: _____ Girl: _____

DCPC Church Member: _____ yes _____ no

Parent's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone : _____ E-mail _____

Coordinate with sibling? _____yes _____no

Sibling's Name: _____ Age: _____

Classes Preferred:

Two year olds, two days: _____ Two year olds, three days: _____

Three year olds three days: _____ Three year olds four days: _____

Four year olds Monday through Friday: _____

Transitional Kindergarten Monday through Friday: _____

Return this form and your \$75 registration fee by Feb. 19th at 12:15 p.m. to DCPC
Preschool, PO Box 337, Davidson, NC 28036. Thank you.

