

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, MW: _____ **T,Th,F:** _____

Three year-olds, M,W,Th: _____ **T,W,Th,F:** _____ **M,W,Th,F** _____

Four year-olds, M-F w/Enrichment: _____ **M-F w/Art & Enrichment:** _____

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.

