

Application for Preschool Enrollment 2025-26

| Child's Name | | Gender | Birth Date | <u> </u> | |
|---|----------------------|--------------------------------|---|---------------|----------|
| Email (Please Print Clearly |) | | | | |
| Address: | | | | | |
| Preferred Phone # | | | | | |
| Are you a Current Concord | l Methodist Church N | 1ember? | | | |
| Father's Name | Cell Ph | none | | | |
| Mother's Name | Cell Ph | none | | | |
| Is your child current on th | s No | | | | |
| If no, please expl | ain: | ccept religious exemption. | | | |
| | 9:00 AM - 2:0 | 00 PM/MON -TH 12:00 NOON/FR | URS | | |
| Young Toddlers Young Toddlers (12 mos.–18 mos.) | - | | 31) | | |
| Older Toddlers Older Toddlers(19 mos. – 26 mos.) | Man/Mad | Age 4 (by Oct | 31) | Tues-Fri | |
| | Tues/Thurs | Pre-Kindergart (4 by August | | Tues-Fri | |
| Age 2 (by June 30) Age 2 (by June 30) | Mon/Wed Tues/Thurs | • | 5 th Day for 4s and PreK Mon (must be enrolled in 4s or PreK) | | |
| I understand that my child my child's spot until the co | _ | | egistration & | supply fees t | o secure |
| FOR OFFICE USE ONLY Date of Preschool Visit | Date Applica | ation Received | Parent Signature | | |