



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: _____ Application Date ____/____/____

LAST NAME FIRST NAME BIRTH DATE & AGE AS OF
9/1/2019

NAME TO BE CALLED NAME TO BE WRITTEN BOY OR GIRL?

STREET ADDRESS DEVELOPMENT CITY STATE ZIP

MOTHER'S NAME HOME PHONE CELL PHONE EMAIL

FATHER'S NAME HOME PHONE CELL PHONE EMAIL

HOW DID YOU FIND US? _____

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?

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?

Does your child have an identified disability (IEP or IFSP) and if so are there any accommodations we can assist with?

Is your child a dual language learner and if so are there any accommodations we can assist with?

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

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

WWW.CONCORDIAPRESCHOOL.ORG