

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION
(Please print clearly)

Name of any Preschool previously attended:

Notice: The Lower Providence Presbyterian Preschool admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the preschool.

Additional Information

Siblings / Ages

Student physical disabilities, allergies, medical conditions, etc.

.....

.....

.....

.....

Information or concerns that would help us to better understand your child and help meet his/her needs:

.....

.....

.....

.....

Please circle if any apply to your child:

Early Intervention	Current IEP	
Occupational Therapy	Speech Therapy	Physical Therapy

.....

.....

.....

Primary Language Spoken at Home.....

Language (s) your child speaks.....and/or understands.....