

Print out and complete this form to register your child. Please use one form for each child you are registering. A non-refundable registration fee must accompany each child's registration form.

Send completed form to: **Central Presbyterian Church Preschool**

7308 York Road
Baltimore, MD 21204

Child's Name: _____ Date: _____

Birth Date: _____ Parent Names: _____

Address: _____

City _____ State _____ ZipCode _____

Email: _____

Home phone: _____ Cell: _____ Work: _____

Register my child in:

- 2's - Monday & Wednesday EMS 2 Day 2's
 2's - Tuesday & Thursday EMS 2 Day 2's
 3's - Monday/Wednesday/Friday
 3's - Tuesday & Thursday
 Pre-K - Monday/Tues/Wed/Thursday
 Pre-k (afternoon) - Tues/Wed/Thurs/Friday

Any Additional notes:
