

## Registration Form 2024-2025

Spring Valley Presbyterian Church Preschool  
125 Sparkleberry Lane, Columbia, SC 29229  
(803)788-4005  
jennifer@svpcpreschool.com

**Non-refundable registration fee of \$200.00**

Child's Name \_\_\_\_\_ Name at preschool \_\_\_\_\_



Age as of 9/1/2024 \_\_\_\_\_ Birth Date \_\_\_\_\_ Boy or Girl

### Class Requested (Select One)

2 year olds (2 by Sep 1, 2024)

\*2 day/2 year old (\$195)

\*3 day/2 year old (\$225)

3 year olds (3 by Sep 1, 2024)

\*2 day/3 year old (\$195)

\*3 day/3 year old (\$225)

\*5 day/3 year old (\$275)

4 year olds (4 by Sep 1, 2024)

\*5 day/4 year old (\$275)

**\*3 year olds must be fully potty trained**

(If your child is not potty trained, you may  
pay tuition to hold your child's spot)

Mother's (Guardian) Name \_\_\_\_\_

Father's (Guardian) Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Dad's Cell \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

Email Address \_\_\_\_\_

Allergies \_\_\_\_\_

Medications needed at school \_\_\_\_\_

Photo Release:    Yes    No    I give permission for pictures of my child to be used by the preschool in presentations or publications.

Directory:    Yes    No    I give permission for my child's name, address, phone number and email address to be distributed in our preschool directory to preschool parents.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

## Family Information

Please help us to know your child and his/her needs better.

Mother's Place of Work \_\_\_\_\_

Father's Place of Work \_\_\_\_\_

Siblings – Names and Ages

_____	_____
_____	_____
_____	_____
_____	_____

Pets and their names

\_\_\_\_\_

Does anyone else live with your immediate family? If so, who?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? If so, explain.

\_\_\_\_\_  
\_\_\_\_\_

Which languages are spoken in your home? (Check all that apply)

English      Spanish      Mandarin      other \_\_\_\_\_

Please let us know if your child is receiving any special services (i.e. speech, occupational therapy) so that we may better help your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_