

## Registration Form 2026-2027

Spring Valley Presbyterian Church Preschool  
125 Sparkleberry Lane, Columbia, SC 29229  
(803)788-4005

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

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

Age as of 9/1/2026 \_\_\_\_\_ Birth Date \_\_\_\_\_ Boy or Girl

### Class Requested (Circle one)

2 year olds (2 by Sep 1, 2026)

\*2 day/2 year old (\$205)

\*3 day/2 year old (\$240)

3 year olds (3 by Sep 1, 2026)

\*2 day/3 year old (\$205)

\*3 day/3 year old (\$240)

\*5 day/3 year old (\$300)

4 year olds (4 by Sep 1, 2026)

\*5 day/4 year old (\$300)

**\*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 \_\_\_\_\_

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 other than English?

Other \_\_\_\_\_

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

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

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

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

Please let us know if your child cannot have certain foods due to religious reasons or dietary allergies.

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