Registration Information		Child's Last Name:	
2025-2026 School Year		Child's First Name:	
Public		Child's Birthdate:	
		Age of child on August 31,	2025:
on or before 10:30 a choice; however, if t Michelle, Administra than 5:00 pm on We (cash or check made order to complete t	im on Wednesday, January hat isn't possible, classes we tive Assistant. You will be reduced afternoon. If your eto Salem Baptist Preschool he process and hold your ch	15. We will make every atten ill be formed by a lottery cond notified of your child's placement child gets enrolled, you will roll to the preschool no later the	on form to the main preschool door npt to enroll children in your first ucted by Tammy, the Director, and ent via text message or email no later need to bring the registration fee an noon on Friday, January 24 in \$\\$125 for the first child enrolled and r any reason.
Parent Name:			
	(PLEASE PRINT)		
Parent Email Addres	ss:		_
	(PLI	EASE PRINT)	
Best Phone Number	to Text:		
Please Number in or	der your preference, with 1	being first choice and 4 being	last choice
Toddler ClassMon/Wed	Two Year Old ClassMon/Wed/FriTues/Thurs	Three Year Old ClassesMon/Wed/FriTues/Thurs	Four Year Old ClassesMon through FriMon/Tues/Wed/ThursMon/Wed/FriTues/Thurs
If we cannot enroll yYesNo	our child in your first choice	e, do you want to enroll him/h	er in your second or third choice?
Do you have anothe	r child that you are registeri	ng?YesNo	
**Transition Registr	ation (TK) will take place o	n January 27	

For office use only:

Contacted via text or email \_\_\_\_\_

Parent responded and wants to enroll \_\_\_\_\_

Parent responded and does not want to enroll \_\_\_\_\_