

GREENWICH PRESBYTERIAN PRESCHOOL

15400 Greenwich Church Way – physical address

15305 Vint Hill Road – mailing address

Nokesville, Virginia 20181

(703) 754-7933 ext. 210; www.greenwichpres.org

Child's Name _____
(Last) (First) (Middle)

Male ☐ Female ☐ Nickname (if any) _____

Name you wish your child to learn to write _____

Date of birth _____ (Children must be 3 by 9/30/2026 to enroll in 3-year-old classes and 4 by 9/30/2026 to enroll in 4-year-old classes)

_____ **2 Day 3-Year-Old (T,Th AM)**

_____ **3 Day 3 & 4 Year-Olds (M,W,F AM)**

_____ **5 Day 4-Year-Old (M-F AM)**

Address _____
Street/ Number City State Zip Code

*Primary Phone _____ *Primary Email _____

Mother's Name _____ Cell Phone _____

Email Address _____ Address Same as Above (Y/N) _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Email Address _____ Address Same as Above (Y/N) _____

Place of Employment _____ Work Phone _____

Child's Known Allergies _____

EMERGENCY CONTACT: _____

Child's Physician _____ Phone _____

People to be contacted in case you or emergency contact cannot be reached

1. _____ Phone _____

2. _____ Phone _____

Person(s) authorized to pick up child _____

Person(s) **NOT** authorized to pick up child _____

Previous preschools attended _____

Elementary school child will attend _____

Do you feel your child is right- or left-handed? _____

Three-Year-Olds – approximate date potty trained _____

(If not accomplished yet, please let us know when done)

Other children in the family (names and ages):

Please comment on anything (personal traits, special interests, or chronic physical/developmental difficulties) you would like your child's teacher to know

How did you hear about our preschool?

_____ Family is alumni of Greenwich Preschool; when: _____

_____ Friend or family member; who _____

_____ Attend Greenwich Presbyterian Church

_____ Social media or Other