Registration for Concordia Preschool

Applying for:
2's - T/TR _____ **3's** 3 DAY M/W/F _____ **3's** 5 DAY M - F _____ **4's** 3 DAY M/W/F _____ **4's** 5 DAY M - F _____

Are you new to Concordia Preschool (Y or N): _____

_____ _____ Application Date _____/_____/_____
LAST NAME FIRST NAME

_____ _____ _____
NAME TO BE CALLED/WRITTEN BOY OR GIRL? BIRTH DATE & AGE AS OF 9/1/2021

_____ _____ _____ _____
STREET ADDRESS CITY STATE ZIP

_____ _____ _____ EMAIL_____
MOTHER'S NAME HOME PHONE CELL PHONE

_____ _____ _____ EMAIL_____
FATHER'S NAME HOME PHONE CELL PHONE

HOW DID YOU FIND US?_____

Has your child had any group play or other preschool experience? Please describe.

Is your child cared for by someone other than parents? Please explain.

Are there other children at home? If so, please give names and ages.

What activities does he/she enjoy? Are there any specific interests?

How do you handle discipline?

Was your child premature? When did he/she crawl, walk, and talk?

Do you have any specific expectations of the preschool program at Concordia?

Does your child have an identified disability (IEP or IFSP) and if so are there any accommodations we can assist with?

Is your child a dual language learner and if so are there any accommodations we can assist with?

Please return this registration form with a $50.00 registration fee to:

Concordia Preschool
3003 Silverside Road
Wilmington, DE 19810

WWW.CONCORDIAPRESCHOOL.ORG