

Second Presbyterian Preschool 2024 - 2025 Program Selection



Name of Child: _____ Date: _____

Name of Parent(s): _____ Email: _____

If new student, this email will be used to complete application.

*Age by Sept 30th

	CORE DAY 9:00 - 12:00	EARLY CARE 8:00 - 9:00	LUNCH BUNCH 12:00 - 1:00	AFTER CARE 1 1:00 - 2:00	AFTER CARE 2 2:00 - 5:30
<input type="checkbox"/>	INFANTS 3-11 months* M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
<input type="checkbox"/>	5 DAY M - F ✓ ✓ ✓ ✓ ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 DAY Select 4 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3 DAY Select 3 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2 DAY Select 2 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ONES 12-21 months* M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
<input type="checkbox"/>	5 DAY M - F ✓ ✓ ✓ ✓ ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 DAY Select 4 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3 DAY Select 3 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2 DAY Select 2 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	YOUNG TWOS 22-29 months* M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
<input type="checkbox"/>	5 DAY M - F ✓ ✓ ✓ ✓ ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 DAY Select 4 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3 DAY Select 3 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2 DAY Select 2 Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TWOS + 30-35 months* M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
<input type="checkbox"/>	5 DAY M - F ✓ ✓ ✓ ✓ ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	THREES M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
<input type="checkbox"/>	5 DAY M - F ✓ ✓ ✓ ✓ ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PRE-K M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
<input type="checkbox"/>	5 DAY M - F ✓ ✓ ✓ ✓ ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>