St. Peter's Preschool Application

Today's Date:_____ Official use: Application Number_____

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____

City:_____ State:_____ Zip Code:_____

Cell Phone:_____

Email: _____

Please Check One: □ **Pre-K (4/5 years old)** must be 4 by Aug 31st

□ **Preschool (3/4 years old)** must be 3 by Aug 31st

How did you hear about us?_____

Please return your form by mail or email

St. Peter's Preschool
22 North Union Street
Smyrna, Delaware 19977
stpeterspreschool@aol.com

Official Use: Pre-K Class_____ Pre-K Waitlist_____

Preschool Class_____ Preschool Waitlist_____