



Child's Name _____ Date of Birth _____

Parent / Guardian _____ Email Address _____

Mailing Address _____

Phone Number _____

**Your child will need to be fully immunized before attending school. A required vaccine list is included in this packet.*

Please number in order of preference: Must include 2 choices

2's

Must be 2 by Sept 1st

M, W, F 9:00-12:00 p.m.

T, TH 9:00-12:00 p.m.

3's

Must be 3 by Sept 1st

M, W, F 9:00-12:00 p.m.

T, TH 9:00-12:00 p.m.

M-F 9:00-2:00 p.m.

4's

Must be 4 by Sept 1st

M-F 9:00-2:00 p.m.

M, W, F 9:00-2:00 p.m.

Telephone: (858) 756-2394
FAX: (833) 222-8130

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*A Ministry of The Village
Community Presbyterian Church*