



AUGUST 2024
SSCPS

ST. STEPHEN CHRISTIAN PRESCHOOL ENROLLMENT APPLICATION

PERSONAL INFORMATION

Parent/Guardian's Name(s) : _____

Child's Name: _____

Child's Date of Birth: _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number(s) : _____ E-Mail : _____

Member of St. Stephen UMC : Yes No

Currently enrolled in SSCPS : Yes No

Potty Trained : Yes No

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

OFFICE USE ONLY

Date : _____

Notes:



Audie Hensiek

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SSCPS Director

More Information :

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THANK YOU