Skidaway Community Preschool

A Ministry of Skidaway Community Church

Skidaway Community Preschool Registration 2026-2027

Student Name_____Preferred Name:_____
Last First Middle
Age: (on September 1, 2026)_____Date of Birth:_____Male/Female_____

Home Address:_____Zip_____
Preferred Email Address:_____Currently Enrolled: Yes No Sibling

Program Registering For: (Please Circle Selection)
Mother's Morning Out: Monday/Wednesday (6-14 months) Tuesday/Thursday (15-22 months)

Two Year Old Program: Five Days (M-F)
Three Days: Please circle days requested M T W TH F

Three Year Old Program: Five Days (M-F)
Three Days: Please circle days requested M T W TH F

Pre- K: Five Days (M-F)
Registration in a specific classroom is not guaranteed. Attendance days are assigned based on order of receipt.

Parent/Guardian Information

Name of Father:_____ Name of Mother:_____
Father's Address:_____Mother's Address:_____
City:_____State:_____Zip_____City:_____State:_____Zip:_____
Father's Phone:_____Mother's Phone:_____
Father's Email:_____Mother's Email:_____
Father's Occupation:_____Mother's Occupation:_____
Business Phone:_____Business Phone:_____
Lives with Child: Yes/No Lives with Child: Yes/No
Other members of household (relationship, age)_____
Do you have a faith community? Yes No Where?_____
Skidaway Community Preschool (SCP) operates as a ministry of Skidaway Community Church (SCC). Occasionally, you will receive communications from the church regarding activities, events or programs.

Does your child have any diseases, fears, allergies, and/or special needs that would affect their participation in our preschool program? Yes No (Please describe on the back of the form and provide further information and details.)

Registration Fee ($250.00) is due now and is not refundable. Supply fee is due April 7, 2026 and is not refundable. If the supply fee is not received by April 7, your child's placement on the roster will be released to the waitlist. Fees may be paid via cash or check payable to SCP. Please mail application and fees to Skidaway Community Preschool, 50 Diamond Causeway, Savannah GA 31411 Attn: Amie Nixon, or return to the preschool office.
I agree to the above policies regarding the payments and refunds of fees.

Parent/Guardian Signature_____ Date:_____
OFFICE USE ONLY
Date & Time Application Received_____Amount Paid with Registration_____
Reg Fee_____Supply Fee_____
Amount Due _____Confirmed_____