

Park Presbyterian Preschool

Registration Form



4 and 5 year olds

724-775-2936

parkpres.org

FAMILY INFORMATION

Child's Name _____

Current Age _____ Date of Birth _____

Home address _____

Home email _____ Home phone _____

Father's name _____ Phone _____

Address, if different from the child's address _____

Mother's name _____ Phone _____

Address, if different from the child's address _____

Church Affiliation _____

May we include your information in the class directory? Yes ___ No ___

Has your child previously attended preschool? Yes ___ No ___ If so, where? _____

EMERGENCY AND HEALTH INFORMATION

The person authorized to be notified in case of emergency (other than parents):

Name _____ Phone _____

Relationship to child _____

Child's Doctor _____ Phone _____

Are immunizations up to date? Yes ___ No ___

Does your child require special therapy services that would happen during the school day? Yes ___ No ___ If yes, please contact the church to schedule a discussion with the Preschool teacher.

Does your child have any other health concerns that we should be aware of (allergies, etc)? Yes ___ No ___ If yes, please provide the necessary information on the back.

Additional Information: Please provide any additional information that will help us to better understand your child, such as habits, temperament, recent family happenings, a move, a new baby, family death, etc

IMPORTANT REGISTRATION INFORMATION

- Children must be four years old and potty trained by September 1 of the school year.
- Please include the following information with your application
 - Copy of the child's current immunization record must accompany the application.
 - The nonrefundable registration fee (\$35.00) must accompany the application.

Signature _____

Date _____