

CHRIST CHURCH PRESCHOOL APPLICATION

Please **mail** this form to our Registrar, Emily Rodack, 104 Link Ave., Pittsburgh, PA 15237. There is a non-refundable Registration Fee of \$55 due with submission of this form. Make checks to Christ Church Preschool.

Registering for:

- Great Start Classes-must be 2 by Mar. 31st Mon./Wed (9:15-11:15am) Tue./Thu. (9:15-11:15am)
·3 Year Old Classes-must be 3 by August 1st AM 3s (9:00-11:30am) PM 3s (12:15-2:45pm)
·4 Year Old Classes-must be 4 by August 1st AM 4s (9:00-11:30am) PM 4s (12:15-2:45pm)

CHILD'S NAME: _____
 First *Middle* *Last*

NICKNAME: _____ GENDER: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

BUSINESS PHONE: _____ BUSINESS PHONE: _____

NAME(S) OF SIBLINGS: _____ AGE: _____

_____ AGE: _____

OTHER MEMBERS OF YOUR HOUSEHOLD: _____

DOES YOUR CHILD HAVE UP-TO-DATE IMMUNIZATIONS? (Required) _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, ALLERGIES, FOOD RESTRICTIONS?

DOES YOUR CHILD UNDERSTAND AND/OR SPEAK ENGLISH? _____

WHAT IS YOUR CHILD'S HAND PREFERENCE? LEFT _____ RIGHT _____

DOES YOUR CHILD TAKE MEDICATION ON A REGULAR BASIS? _____

DOES YOUR CHILD NEED AN AID OR TSS HELPER? _____

DOES YOUR CHILD HAVE ANY SPECIAL INTERESTS? _____

ARE YOU A MEMBER OF CHRIST EPISCOPAL CHURCH? _____

HOW DID YOU HEAR ABOUT OUR PRESCHOOL? _____

Please mail this form along with payment to our Registrar at the address above.