

## 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 \$45 due with the submission of this form.

### Registering for:

AM 3s (9:00-11:30 Tue & Thurs)

AM 4s (9:00-11:30 Mon, Wed & Fri)

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 a check made out to Christ Church Preschool to our Registrar at the address above.**