

CHRIST CHURCH PRESCHOOL APPLICATION

Please mail the 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:

- | | |
|---|---|
| <input type="checkbox"/> Fun Friday (9:15-11:15 Fridays) | <input type="checkbox"/> Terrific Twos (9:15-11:15 Tue & Thurs) |
| <input type="checkbox"/> Great Start (9:15-11:15 Mon & Wed) | <input type="checkbox"/> PM 3s (12:15-2:45 Tue & Thurs) |
| <input type="checkbox"/> AM 3s (9:00-11:30 Tue & Thurs) | <input type="checkbox"/> PM 4s (12:15-2:45 Mon, Wed & Fri) |
| <input type="checkbox"/> AM 4s (9:00-11:30 Mon, Wed & Fri) | |

CHILD'S NAME: _____
First Middle Last

NICKNAME: _____ GENDER: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

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

OCCUPATION: _____ OCCUPATION: _____

BUSINESS PHONE: _____ BUSINESS PHONE: _____

NAME(S) OF SIBLINGS: _____ AGE: _____
_____ AGE: _____
_____ AGE: _____

OTHER MEMBERS OF YOUR HOUSEHOLD: _____

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

DOES YOUR CHILD HAVE ANY ALLERGIES OR CONDITIONS OF WHICH WE SHOULD BE AWARE?

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

DOES YOUR CHILD TAKE MEDICATION ON A REGULAR BASIS? _____

IS YOUR CHILD RESTRICTED FROM ANY FOODS? _____

DOES YOUR CHILD HAVE ANY SPECIAL INTERESTS? _____

ARE YOU A MEMBER OF CHRIST EPISCOPAL CHURCH? _____

HOW DID YOU HEAR ABOUT OUR PRESCHOOL? _____