

CHRIST CHURCH PRESCHOOL APPLICATION

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

Registering for:

* Age requirements are for current year. North Hills District (only) requires Aug 1 rather than Sept 1 for 3's & 4's.

- 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 Sept. 1st* AM 3s (9:00-11:30am) PM 3s (12:15-2:45pm)
·4 Year Old Classes-must be 4 by Sept. 1st* AM 4s (9:00-11:30am) PM 4s (12:15-2:45pm)

Child's Name: _____ Nickname: _____
First-Middle-Last

Gender: _____ Date of Birth: _____ Public School District: _____

Home Address: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____
Occupation: _____ Same Home Address as child? Yes No

Home Address if Different: _____ Email: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____
Occupation: _____ Same Home Address as child? Yes No

Home Address if Different: _____ Email: _____

With whom does the child live? Both Parents Mom Dad Other: _____

Names of Siblings: _____ Age: _____

_____ Age: _____

Other Household Members: _____

Does your child have up-to-date immunizations? (Required) _____

Does your child have any special needs, allergies, food restriction? If yes, please explain: _____

Does your child take medication on a regular basis? _____

Does your child utilize an aid, TSS helper, or DART Services? _____

Does your child understand English? _____ Does your child speak English? _____

What is your child's hand preference? LEFT RIGHT

Does your child have any special interests? _____

Are you a member of Christ Episcopal Church? Yes No

How did you hear about our Preschool? _____

OFFICE USE ONLY

Date Received _____
Check Date _____
Check Amount _____
Notes _____
Class _____