

CHRIST CHURCH PRESCHOOL APPLICATION for 2025/26 SCHOOL YEAR

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 **\$60** due with submission of this form. Make checks to Christ Church Preschool.

School Year runs from Sept 2025 through May 2026. All classes are from 8:45am-12:00pm, daily.

Choose number of days and circle what days desired:

- 2 Days/Wk @ \$175/mo Mon Tue Wed Thur Fri
 - 3 Days/Wk @ \$200/mo Mon Tue Wed Thur Fri
 - 4 Days/Wk @ \$250/mo Mon Tue Wed Thur Fri
 - 5 Days/Wk @ \$300/mo Mon Tue Wed Thur Fri
- 4-years olds **must** register for M/W/F classes and may add additional days if desired.

Special Extended Days: Cost \$20 per 2-hr session
On specified days (to be announced) we will offer extended hours from 12:00pm-2:00pm where you send in a packed lunch for your child and they stay for two additional hours of planned activities.

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 take medication on a regular basis? _____

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

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? _____

Are you registered with Dart Services, IEP Assistance Therapy, or TSS? _____

Will your child have an aid attend Preschool classes with him/her? _____

Please list specific reasons requiring an aid to come to Preschool _____

OFFICE USE ONLY

Date Received _____ Class _____ Check Date _____ Check Amount _____

Notes _____