

# CHRIST CHURCH PRESCHOOL APPLICATION for 2024/25 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.

Registering for:

\* Age requirements are for year 2024. North Hills District (only) requires Aug 1 rather than Sept 1 for 3's & 4's.

- **Great Start Class**—must be 2 by Mar. 31st\*  Mon./Wed (9:15-11:15am)  Tue./Thu. (9:15-11:15am)  
· **3 Year Old Class**—must be 3 by Sept. 1st\*  AM 3s Tue/Th (9-11:30am)  PM 3s Tue/Thu. (12:15-2:45pm)  
· **4 Year Old Class**—must be 4 by Sept. 1st\*  AM 4s M/W/F (9-11:30am)  PM 4s M/W/F (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 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 \_\_\_\_\_