THE PRESBYTERIAN CHURCH OF PROSPECT PRESCHOOL
115 CHURCH STREET
PROSPECT, PA. 16052
724-256-6119

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APPLICATION FOR PRESCHOOL

CHILD'S NAME____NICKNAME__________________________

ADDRESS____________________________________CITY_________________________STATE_____ZIP_______

TELEPHONE___________________________

DATE OF BIRTH____________________SEX_________________________

FATHER'S NAME_______________________CELL HONE__________________OCCUPATION_________________

BUSINESS NAME____BUSINESS PHONE______________

MOTHER'S NAME______________________CELL PHONE_________________OCCUPATION_________________

BUSINESS NAME____BUSINESS PHONE_____________

BROTHERS	AGE	SISTERS	AGE
____________________	_________	____________________	_________
____________________	_________	____________________	_________
____________________	_________	____________________	_________

Local Person to contact in case of emergency, if parents are not available.

NAME___________________________________PHONE________________CELL PHONE_______________

ADDRESS____RELATIONSHIP TO CHILD______________________

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Registration Deadline is July 15th. Based on enrollment, class schedule is subject to change. Final Class assignments will be confirmed by August 1st.

Enclosed is a non refundable registration fee of $25.00 for my child to attend The Presbyterian Church of Prospect Preschool. Checks can be made payable to TPCP Preschool.

Tuition of $_________will be due by the 1st of each month. Prompt payment is necessary for keeping the Preschool operating at a minimum cost. I agree to these terms and conditions.

____
Parent's Signature

PLEASE CHECK ONE:

_____Monday/Wednesday AM – Pre K – 4 year old Class (9:15 – 11:45 am) - $85.00 per month

_____Monday/Wednesday PM – Pre K – 4 year old Class (12:30 – 3 pm) - $85.00 per month

_____Tuesday/Thursday AM – 3 year old Class (9:15 – 11:45 am) - $85.00 per month

_____++Third Day - Thursday PM (12:30 – 3 pm) – Must be enrolled in Monday/Wednesday class.
Must be 4 years of age by Sept. 1st. - $110 per month

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CHILD'S NAME____DATE________________________

ANY PREVIOUS PRESCHOOL EXPERIENCE? _______________________

Does your child have any physical problems we should be aware of? (Sight, hearing, allergies, heart, etc.)

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Is your child on any medications? ______________________If so, what type?______________________________________

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Is your child right or left handed?______________________

Is your child allergic to any foods or other substances?____

____

Physician's Name ____Physician's telephone______________________

Address____

Email address used most often (for preschool updates and information):____

Please check for permission to take your child to a doctor in case of an emergency.

_____Yes **_____No**

Please check if your child has had these contagious diseases:

_____Measles **_____Chickenpox**

_____Scarlet Fever **_____Mumps** **_____Other**

Please check if your child has received these immunizations:

_____Polio **_____DTaP**

_____HIB **_____MMR**

_____Hepatis B is recommended

**Please note any additional health information which would be helpful.

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CHURCH AFFILIATION____

HOW DID YOU HEAR ABOUT OUR PRESCHOOL?____

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Notice of Nondiscriminatory Policy As to Students

The Presbyterian Church of Prospect Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Revised 1/2021