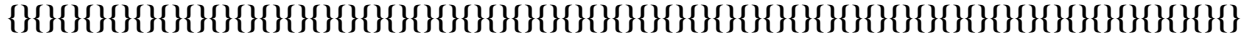


THE PRESBYTERIAN CHURCH OF PROSPECT PRESCHOOL  
115 CHURCH STREET  
PROSPECT, PA. 16052  
724-256-6119



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 \_\_\_\_\_



Based on enrollment, class schedule is subject to change. Final Class assignments will be confirmed by September.

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.

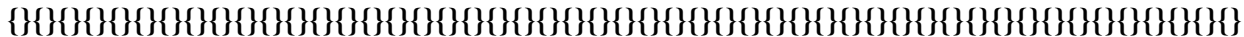
Tuition of \$ \_\_\_\_\_ will be due by the 5<sup>th</sup> of each month. Prompt payment is necessary for keeping the Preschool operating at a minimum cost. I agree to these terms and conditions.

\_\_\_\_\_  
Parent's Signature

PLEASE CHECK ONE:

- \_\_\_\_ Monday/Wednesday AM – Pre K – 4 year old Class (9:15 – 11:45 am) - \$90.00 per month
- \_\_\_\_ Monday/Wednesday PM – Pre K – 4 year old Class (12:30 – 3 pm) - \$90.00 per month
- \_\_\_\_ Tuesday/Thursday AM – 3 year old Class (9:15 – 11:45 am) - \$90.00 per month
- \_\_\_\_ ++Third Day - Thursday PM (12:30 – 3 pm) – Must be enrolled in Monday/Wednesday class. - \$115 per month

\*NOTE: Our 3 year old class does not follow the same curriculum as the Pre-K class. Each class has an age and developmentally appropriate curriculum.



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.)

\_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ If so, what type? \_\_\_\_\_

\_\_\_\_\_

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 hospital in case of an emergency.

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

\_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PRESCHOOL? \_\_\_\_\_

\_\_\_\_\_

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.