

The Presbyterian Church of Prospect Preschool

115 Church Street, Prospect, PA 16052
724-256-6119

Preschool Registration

CHILD'S NAME _____ NICKNAME _____

DATE OF BIRTH _____ SEX M / F (circle)

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

PHONE _____ EMAIL _____

CHURCH AFFILIATION _____

PARENT INFORMATION:

FATHER'S NAME _____ CELL PHONE _____ OCCUPATION _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

MOTHER'S NAME _____ CELL PHONE _____ OCCUPATION _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

OTHER CHILDREN IN FAMILY:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME OF ELEMENTARY SCHOOL CHILD WILL ATTEND _____

EMERGENCY CONTACT INFORMATION: (In case the mother and the father cannot be reached)

1. NAME _____ CELL PHONE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

RELATIONSHIP TO CHILD _____

2. NAME _____ CELL PHONE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

RELATIONSHIP TO CHILD _____

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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.)

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 _____

Please check one of the following to grant permission to take your child to a hospital in case of an emergency:

____ Yes ____ No

A \$25 NON-REFUNDABLE REGISTRATION FEE PLUS 1ST MONTH TUITION IS DUE UPON REGISTRATION.

Tuition will be due on the 5th of every month, which collects one month in advance.

(Month of September is paid on registration; month of October paid by September 5; month of November due by October 5, etc. There should be no payment due in May.)

Withdrawals made prior to July 1 will have 50% tuition refunded.

After July 1, no tuition reimbursement will be made.

Based on enrollment, class schedule is subject to change.

Final class assignments will be confirmed by September 1. _____

Enclosed is a non-refundable registration fee of \$25.00 plus _____ (first month tuition) for my child to attend The Presbyterian Church of Prospect Preschool.

Checks can be made payable to: TPCP Preschool. I agree to these terms and conditions:

Parent's Signature _____

PLEASE CHECK:

____ Mon/Wed AM Pre K 4-Year-Old Class (9:15 -11:45 am) — \$90.00 / month

____ Mon/Wed PM Pre K 4-Year-Old Class (12:30 – 3:00 pm) — \$90.00 / month

____ Tuesday/Thursday AM 3-Year-Old Class (9:15 - 11:45 am) — \$90.00 / month

____ **Third Day** Thursday PM (12:30 - 3 pm) (SEE BELOW)

*****Must be enrolled in Monday/Wednesday Class — \$115 / month TOTAL**