

FIRST PRESBYTERIAN CHURCH OF GREENSBURG PRESCHOOL
REGISTRATION FORM
SCHOOL YEAR: 2018/2019

Student ➤ First Name: _____ Last Name: _____

Name child goes by: _____

Date of Birth: _____ age of child as of Aug 31, 2018: _____

Circle one: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

School District: _____ Elementary School (child will attend): _____

Parent's Name: _____ Relationship: _____

Is address same as Child's? Yes No

If no, Parent's address: _____

Parent's Occupation/Company Name: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

Parent's Name: _____ Relationship: _____

Is address same as Child's? Yes No

If no, Parent's address: _____

Parent's Occupation/Company Name: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

Are there any custody concerns or court orders regarding guardianship? Yes No

If yes, we will require a copy of the court order to be kept on file while the child is enrolled.

Siblings? Yes No Names/Ages: _____

Have any siblings ever been enrolled at FPC Preschool?

If yes, when? _____ Teacher: _____

Medical Information

Pediatrician Name: _____ Phone Number: _____

Does your child have any medical concerns or issues? If yes, please explain.

Does your child have any allergies? If yes, please describe the reaction.

Select appropriate class:

How old will student be on August 31, 2018? _____

Your child must meet the age requirement for each class listed below.

Your child must be fully potty trained in order to attend class.

| | 3 year old <i>must be 3 by Aug 31, 2018</i> | 4 year old <i>must be 4 by Aug. 31, 2018</i> | 5 year old <i>must be 5 by Dec 31, 2018</i> |
|--|---|--|---|
| TUITION: | \$130/month | \$130/month | \$130/month (3 day) \$180/month (5 day) |
| AM - Mon, Tues, Thurs 9:00 - 11:30 | | | |
| PM - Mon, Tues, Thurs 12:30 - 3:00 | | | |
| Pre K – AM Mon - Friday 9:00 - 11:30 (5 days) | | | |
| Pre K – PM Mon, Tues, Thurs 12:30-3:00 (3 days) | | | |

How did you hear of our preschool?

phone book website friend (if so, who? _____) other _____

Has your child been in preschool before? Yes No

If yes where? _____

I understand that I am encouraged to volunteer in the classroom if possible. If I am unable to volunteer, I understand that I will be responsible for monthly volunteer opt-out fees in the amount of \$10/ month for each month I do not volunteer:

Initials: _____

I understand the Terms of Tuition and agree to make timely payments. Failure to make timely payment may result in my child being dismissed from the program.

Initials _____

I understand that each volunteer that I provide for my child must submit required clearances and background checks required by the state of Pennsylvania and FPCG. Failure to submit required paperwork will limit my ability to volunteer and I will be required to pay the opt-out fee.

Initials: _____

\$35 REGISTRATION FEE TO BE INCLUDED WITH THIS FORM

FOR OFFICE USE ONLY=====

DATE RECEIVED:

Number:

CHILD NAME:

DOB:

CLASS: 3AM 3PM 4AM 4PM 5AM 5PM

DEPOSIT PAID: CHECK #

CASH

WAIT LIST #: