**APPLICATION FOR ENROLLMENT***Please fill out this form in its entirety and return it, with your non-refundable registration fee of $75, as soon as possible.
Your child’s spot in our program in not guaranteed until we have received both the form and fee.*

Please indicate the program for which you are enrolling your child:

**3 year oldS** *(your child* ***must*** *turn 3 before August 31 and be potty trained before attending)*

 3 Day (Monday, Wednesday & Friday only)  2 Day (Tuesday & Thursday only)

**4 Year olds**

 5 Day (Monday – Friday)  3 Day (Monday, Wednesday & Friday only)

**transitional kindergarten**

 5 Day (Monday – Friday)

**Student’s Information**

 First Middle Last Date of Birth (mm/dd/year)

Preferred name: Gender:Male Female

What is child’s primary address? With Mom and Dad Mom Dad Guardian

**Mother’s/Guardian’s Information**

Name Occupation

Address Street City State Zip

Primary PhoneCell  Home  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary PhoneCell  Home  Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Work Phone

**Father’s/Guardian’s Information**

Name Occupation

Address Street City State Zip

Primary PhoneCell  Home  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary PhoneCell  Home  Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Work Phone

**Emergency Contacts**

*Please list 3 people who may be contacted (when parents cannot be reached in an emergency) and who are authorized to pick up your child from school. Unless otherwise arranged, we cannot release your child to persons not listed.*

 Name Address Phone Number

 Name Address Phone Number

 Name Address Phone Number

**Health Information**

Pediatrician’s Name Phone Number

Address Street City State Zip

Does your child have any **known allergies?**  Yes No If yes, please explain below.
Is an Epi-pen required**?**  Yes No.

Does your child have any other **special health concerns** (asthma, eczema, daily medications, nose bleeds, activities to avoid, etc.)?

**Home Environment**

Marital status of parents:  married living together separated divorced  widowed

Does your child have siblings?  Yes No If yes, please indicate the name, age and gender of each sibling.

Any other adults living in the house?  Yes No If yes, please indicate the name and relationship to child.

Any pets living in the house?  Yes No If yes, please indicate the name and type of pet.

**Getting to Know Your Child**

Please help your child’s teacher get to know him/her better by answering the following questions.

Can your child attend to his/her bathroom needs independently?  Yes No

Does your child have any fears/anxieties?  Yes No If yes, please explain.

Does your child have a special characteristic/habit you would like help with strengthening or changing?

 Yes No If yes, please explain.

What are your child’s likes and dislikes (please indicate at least one of each)?

Is there anything else you would like to share with us about your child?

**Religious Information**

What is your family’s religious affiliation?

What church do you attend?

**School Roster**

 **I do agree** to have my name, home address and phone number be printed on the school roster.

 **I do NOT agree** to have my name, home address and phone number be printed on the school roster.

**Consent to Enroll**

I do hereby agree to conform to the policies established by Philadelphia Presbyterian Preschool and Transitional Kindergarten. My non-refundable registration fee accompanies this application.

Signature

Printed Name Date

**PHOTO RELEASE**

Date:

We love taking photos! Photos help us capture, document and share moments of learning and play at Philadelphia Presbyterian Preschool and Transitional Kindergarten. The majority of the photos taken might be used for our newsletter, Remind notifications, classroom use (such as crafts, graph charts, etc.) and our end of the year slide presentation. We may post pictures periodically to our website without posting names or on our upcoming FaceBook and Instagram paged. *You have the option to change your permission at anytime.*

Please complete the following:

No, I DO NOT give permission for Philadelphia Presbyterian Preschool and Transitional Kindergarten to use photos of my children.

Yes, I DO give permission for Philadelphia Presbyterian Preschool and Transitional Kindergarten to use photos of my children for class/school projects and to post online.

 Yes, I DO give permission for Philadelphia Presbyterian Preschool and Transitional Kindergarten to use photos of my children for class/school projects BUT NOT to post online.

Child’s Name:

Parent’s Name:

Parent’s Signature: