FIRST PRESBYTERIAN CHURCH OF GREENSBURG PRESCHOOL

REGISTRATION FORM

SCHOOL YEAR: 2024/2025

Student ⮚ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name child goes by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of child as of Sept. 1, 2024: \_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Select appropriate class:

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

***Your child must be FULLY potty trained in order to attend the 3, 4 or Pre-K class.***

Please ✓ the class(es) in which you would like your child to be enrolled (please fill out a separate registration form for each child you are enrolling).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3-year-old**  *must be 3*  *prior to*  *Sept. 1, 2024* | **4-year-old**  *must be 4*  *prior to*  *Sept. 1, 2024* | **5-year-old (Pre-K)**  *must be 5*  *prior to*  *March 1, 2025* |
| **TUITION:** | $200/month | $220/month  STEAM  Enrichment:  $150/month | $290/month    STEAM  Enrichment:  $150/month |
| 3s AM  Mon, Tues, Thurs  9:30 - 11:30am |  |  |  |
| 4s AM  Mon, Tues, Thurs  9:00 - 11:30pm |  |  |  |
| Pre-K AM  Monday - Friday  9:00 - 11:30am |  |  |  |
| STEAM  Tuesday, Thursday  11:30 - 3:00pm |  |  |  |

How did you hear of our preschool?

social media website friend (if so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) other (list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been in preschool before? Yes No

If yes where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that volunteering in the classroom, if possible, is encouraged. If it is deemed safe for parents/guardians to be in the classroom during the 2024-2025 school year, our family could commit to volunteering once a month.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Occasional Months

I understand that each volunteer for my child must submit required clearances and background checks required by the state of Pennsylvania and FPC Preschool. Failure to submit required paperwork will limit the ability to volunteer.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the Terms of Tuition and agree to make timely payments. The 1st payment is due by August 1, 2024 in order to hold my child’s spot in the program. Failure to make timely payments may result in my child being dismissed from the program.

Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$50 REGISTRATION FEE TO BE INCLUDED WITH THIS FORM

**Mail or Return to:**

**First Presbyterian Church of Greensburg Preschool**

**300 S Main Street**

**PO Box 1038**

**Greensburg, PA 15601**

**FOR OFFICE USE ONLY**

**=====================================================================**

**DATE RECEIVED: Number:**

**CHILD NAME: DOB:**

**CLASS: 3AM 4AM 5AM STEAM**

**DEPOSIT PAID: CHECK # CASH**

**WAIT LIST #:**