

ST. JOHN'S PRESCHOOL
501 NORTH AVENUE PITTSBURGH (MILLVALE), PA 15209
PRESCHOOL REGISTRATION
SCHOOL YEAR SEPTEMBER 2021 THROUGH MAY 2022

Child's name _____ Date of birth _____

FAMILY AND GUARDIAN INFORMATION

Father's name _____ Phone _____

Address _____ Cell phone _____

City _____ State _____ Zip _____

Employer _____ Business phone _____

City _____ State _____ Zip _____

Mother's name _____ Phone _____

Address _____ Cell phone _____

City _____ State _____ Zip _____

Employer _____ Business phone _____

City _____ State _____ Zip _____

Marital status of child's
parents _____

Church affiliation (if any) _____

Church address

Is child baptized? _____

Date of baptism _____

<u>Please send all mail to</u>
Name _____
Address _____
City _____
Zip _____
E-Mail _____

Is child accustomed to a nickname, if so please list _____

List other children in the family

_____ Date of birth _____

_____ Date of birth _____

_____ Date of birth _____

How did you first hear of St. John's preschool? _____

PERSON (OTHER THAN PARENT) TO WHOM YOUR CHILD MAY BE RELEASED BY THE PRESCHOOL STAFF FOR GENERAL PICK-UPS OR EMERGENCIES. YOUR CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM THE RESPONSIBLE PARTENT OR GUARDIAN.

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

HEALTH INFORMATION

Has your child had any serious illness, accidents, or hospital experience? YES _____ NO _____

If yes, please explain _____

Does your child have any health problems the preschool staff should be informed of? _____

Medications, if any _____

Physical limitations, food allergies or other allergies _____

Indoor allergies _____ Outdoor allergies _____ Other _____

Please specify and explain _____

Does your child dress independently? Yes _____ No _____

Has your child chosen a hand preference? Yes _____ Right _____ Left _____ No _____

Does your child have any fears we should be aware of (noises, animals, etc.?) Yes _____ No _____

If yes, please list and explain _____

Has your child ever been tested by DART or similar services? Yes _____ No _____

If yes, by whom? _____

Are they now or have they ever received help from DART (or other similar service) for emotional, social or behavioral problems, learning, speech, O.T. or P.T. support? Yes _____ No _____

If so, please explain _____

CONSENT TO CONTACT PHYSICIAN IN AN EMERGENCY

In the event I cannot be reached to make arrangements, I hereby give my consent to St. John's Preschool to contact:

Physicians name _____

Address _____ Phone _____

If necessary, take my child to the following

Physician(s), clinic, hospital _____

Parent or Guardian's Signature _____ Date _____

NOTE TO PARENTS

1. Each application is subject to approval by the Board of Education.
2. Each application must be accompanied by the last month's tuition plus the \$25.00 registration fee.
3. Each tuition payment thereafter will be due between the first and the tenth of each month.

It is to your advantage to return this completed form as soon as possible because our class size will be limited.

**For additional information,
please call the church office at 412-821-6266.**

Church Office Hours:

Monday – Friday

8:45 a.m. - 12:30 p.m.

Please make your checks payable to:

**St. John's Preschool
501 North Avenue
Pittsburgh, PA 15209-2305**

FOR PRESCHOOL USE ONLY

Date of admission _____

Date of discharge _____

NOTE – This information must be kept current and is required to be immediately available in the preschool at all times on every child enrolled.

Application received _____

Application fee received _____

Last month's tuition received with application _____

Date acceptance letter of child was mailed _____

Application processed _____