## **REGISTRATION FORM**

Please return with nonrefundable \$150.00 and find Church of the Covenant 267 East Beau Street Washington, PA 15301-4755 Telephone: 724-222-0190 ext 121 Fax: 724-222-0196		office use only:  Date Rec Time  Registration fee paid  Class Assignment  Acceptance Mailed
FULL NAME OF CHILD(Circle t	he name by which the child is called)	<del>_</del>
•	OF BIRTH	
CLASS FOR WHICH CHILD IS ENROLLING: School		
	ur (9:30am-12:00 pm) Tuesday/Thu	reday
\$145.00/month	(12:30-3:00 pm) Tuesday/Thurson (12:30-3:00 pm)	-
THREE DAY Four year old		nesday/Friday
\$170.00/month	(12:30 pm-3:30pm) Monday/Wed	nesday/Friday
FOUR DAYTransition Class 5's \$200.00/month (Fives who have already atten		sday/Wednesday/Thursday
	(12:30-3:30)An Afternoon session is e	nrollment dependent
If class time, which I have select	ed, is full, I will accept the other class (cir	cle one)Yes No
Home Address:	Phone #:	
City Zip Code		
Mailing Address (if different from above):		
Mother's Name:	Occupation:	
Business Address:	Office Phone:	
Father's Name:	Occupation:	
Business Address:		
Other children in family (names and ages):		
Other adults living with your family (names only)	:	
Special people in your child's life (babysitters, etc	):	
General Health of Mother:	Father: Other childre	n:
Religious affiliation (church): Father:	Mother:	
Child's previous school attendance: Where?:		Vhen?:
What contact does child have with other children	?:	
D 1 (1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2		
Does he/she have imaginary playmates?:		
What are his/her dominant play interests?:		

Indoor	s?:		Outdoors?:				
GENER	AL HEALTH HAI	BITS CONNECTED	WITH:				
1.	Food allergies?	?:				·	
2.	Rest:	Bedtime (pm)_	Time of wal	king (am):			
		Afternoon nap?	: Time?				
3.	Elimination	Any proble	ms with toilet habits?:				
4.	Emotional Dev	velopment: Fe	ars:	Jea	lousy:		_
	Physical Devel	opment:	Delays:		Concerns:_		_
	Dependence or	n others?:	Nail bit	ing/Thum	b sucking/Other	habits?	
5.	Child tends to l	be (right)	: (left):	hande	d.		
6.	Any previous d	developmental tes	ting/concerns yes_	no	if yes explain:		
7.	Does your child	d have an IED?	Vac	No			
	•		res <sub>-</sub> night wish which will c			retanding of you	ur child and his/hor
needs.	add ally other in	mormation you n	ngnt wish which win t	.onti ibute	to a petter unite	istaliullig of you	ii ciiiid and ms/nei
In case	of <u>MEDICAL EM</u>	ERGENCY (when	neither parent can be l	ocated by	phone), call:		
	Name:			Phone n	umber:		
	Address:						
	Name:			_ Phone N	umber:		
	Address:						
In case			uthorized person can b		oy phone, consult	:	
Do	ctor: (1 <sup>st</sup> choice)	):		Phoi	ne Number:		
Do	ctor (2 <sup>nd</sup> choice)	):		Phoi	ne Number:		
Цо	anital.			Dhona N	umbori		
			parents in ANY emerge				, I acknowledge that
the stat	ff is in loco parei ary.	ntis and I consent	to the staff providing a	ınd procur	ing any emergen	cy medical treat	
List the session		ationships of tho	se persons whom you	authorize	to pick up your	child/children	it the end of school
	<u>Name</u>		Relationship			<u>Conta</u>	<u>ıct #</u>
If you a		erve as a voluntee	er in your child's class	room, (on	occasion) to sha	are your talents	a special hobby or
please	sign:						

THE ATTACHED MEDICAL FORM MUST BE FILLED OUT BY YOUR PHYSICIAN WITHIN SIX MONTHS OF THE OPENING OF SCHOOL AND RETURNED TO THE SCHOOL ON OR BEFORE THE FIRST DAY OF SCHOOL.

**Refund Policy:** A registration fee of \$150 and first month's tuition is to be paid at time the parent turns in the registration form for the child's admission to school. The fee *and* first month's tuition is **NON- REFUNDABLE** for any reason including potty training issues. The only exception made is in the event the family relocates outside of the country. Please keep this in mind before registering your child for the preschool. If your child is not potty trained by start of school year you can hold you spot in the class by paying monthly tuition until child is potty trained; OR you can pull the child from the school and lose your registration fee and first month's tuition. If you pull your child and they are later potty trained and there is a space available the preschool you can take that space; The preschool will apply your registration fee and first month's tuition to the remainder of the school year. Please contact the preschool director if you have any questions regarding this policy.

## MEDICAL FORM CHURCH OF THE COVENANT PRESCHOOL

omia s rame		Birth	date			
Is child under regular care of a d	loctor for an ur	nusual condition?	Yes	N	0	
If yes, describe the cond	lition					
Is child on regular medication? _ name		No		If yes,		
Has child had any communicable		_Yes	No	If yes,		
			If yes, when			
General Health: Eyes_		Ears	<b>.</b>			
Has child any history of convulsi	ions?Yes	No				
Is child subject to any dietary re	gulations?	YesNo				
If yes, what are they?				<del></del>		
Has child had any major surgery	?Yes (nan	ne)		1	No	
Has child had any serious accide	ents?Yes _	No Describe	2			
	ison for not pai	rticipating in nor	mal school activi	ties such as outd	oor play?Yes	No
					oor play?Yes	No
Does child have any physical rea						No
Does child have any physical rea	esNo	If yes, list those v	vhich need to be	considered by the	e school:	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y	esNo	If yes, list those v	vhich need to be	considered by the	e school:	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y	esNo	If yes, list those v	vhich need to be	considered by the	e school:	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y  DPT	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y  DPT  Polio	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y  DPT  Polio  Measles (Rubeola)	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y  DPT  Polio	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	
Does child have any physical rea  If yes, describeY Does child have allergies?Y  DPT Polio Measles (Rubeola) Mumps	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	
Does child have any physical rea  If yes, describeY  Does child have allergies?Y  DPT  Polio  Measles (Rubeola)  Mumps  Rubella	esNoI Date	If yes, list those v	vhich need to be  ION RECORI	considered by the	e school: Date 2 <sup>nd</sup>	