

**LLANERCH PRESBYTERIAN PRESCHOOL REGISTRATION FORM**

**Please check desired class:**

\_\_\_\_\_ Three year old – 2 days . . . . . Tuesday & Thursday

\_\_\_\_\_ Four year old – 3 days . . . . . Tuesday, Wednesday, Thursday

\_\_\_\_\_ Pre-Kindergarten – 5 days . . . . . Monday through Friday

Name of child \_\_\_\_\_ Preferred to be called (Nickname) \_\_\_\_\_

Mailing Address (street, city, zip) \_\_\_\_\_

Phone numbers (home & cell) \_\_\_\_\_

Birthdate \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

Name of father \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Name of mother \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Church affiliation of mother \_\_\_\_\_ father \_\_\_\_\_

Names and ages of other children in the home \_\_\_\_\_

Does your child have any needs in the following areas:

Allergies \_\_\_\_\_

Medical concerns (please describe)

Emotional \_\_\_\_\_ Speech \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_

Behavioral \_\_\_\_\_ Social \_\_\_\_\_

Other \_\_\_\_\_

Please list two (2) names and phone numbers, other than the parents, that we may contact in case of an emergency.

PLEASE PRINT CLEARLY

1. \_\_\_\_\_

2. \_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_

I am enrolling my child for the school year of \_\_\_\_\_

Parent signature and date \_\_\_\_\_

**REGISTRATION FEE (2018-2019) IS \$50.00** (\$75.00 FOR 2 CHILDREN) and should accompany this form. Checks may be made payable to LLANERCH PRESBYTERIAN PRESCHOOL, 211 Lansdowne Road, Havertown, PA 19083