

REGISTRATION
UPPER OCTORARA PRESBYTERIAN CHURCH PRESCHOOL
610-857-0236

Registration For: Pre-Kindergarten M-F AM _____
 4-Year Old MTWTh AM _____
 4-Year Old MWF AM _____
 4-Year Old MWF PM _____
 3-Year Old T/TH AM _____
 3-Year Old T/TH PM _____

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Boy _____ Girl _____

Parent's Name: _____

Home Address: _____

Home Phone: _____ School District: _____

Father's Place of Business: _____ Phone: (____) _____

Mother's Place of Business _____ Phone: (____) _____

If someone other than the child's mother or father will drop-off or pick-up your child, please list name and phone number:

If unable to reach parents, name and phone number of a person we could contact in emergency or illness:

Name of people in household: Father: _____ Mother: _____

Other Adults: _____

Other Children/Ages: _____

Child's Physician: _____

List any allergies and other medical situations teacher should be aware of: _____

List any medications your child takes on a regular basis: _____

Does your child need assistance with any bathroom procedures? _____

Please list any information that the teacher should be aware of (i.e., divorce, speech problems, fear of new situations, adoption, etc) Use other side, if needed. _____

What skills, interests, or background would you or your family members be willing to share with preschoolers or parents (i.e., fireman, police officer, nurse, doctor, artist, etc.) _____

Are you available to work occasionally in the classroom? _____ May your child go on field trips? _____ Are you able to go along? _____

I give permission for our address and telephone number to be included with my child's name in the preschool directory.
Yes _____ No _____

**Please send a non-refundable registration fee per family (please call for current registration fee) with this application to:
Upper Octorara Presbyterian Church Preschool - 1121 Octorara Trail - Parkesburg, PA 19365.**

Make check payable to: UOPC Preschool.

Office Use Only: _____	Date Rec'd _____	Conf. Ltr. _____
_____	Ck.# _____	Class _____
_____	Paid _____	Invoice _____