

**REGISTRATION**  
**UPPER OCTORARA PRESBYTERIAN CHURCH PRESCHOOL**  
**610-857-0236**

Registration For:	Pre-Kindergarten M-F	AM _____	\$175/month
	4-Year Old MTWTh	AM _____	\$150/month
	4-Year Old MWF	AM _____	\$120/month
	4-Year Old MWF	PM _____	\$120/month
	3-Year Old T/TH/F	AM _____	\$120/month
	3-Year Old T/TH	AM _____	\$100/month
	3-Year Old T/TH	PM _____	\$100/month
	2-Yr w/Moms, 11:30-12:30 Mon.	8 wk session	\$64

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 \$50 non-refundable registration fee (per family) 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	_____