

**SHEPHERD OF MY HEART
CHRISTIAN PRESCHOOL**

*A Ministry of North Street Christian Church
220-226 W. North Street, Butler, PA 16001
Church 724-282-7700 / Preschool 724-282-4511*

**REGISTRATION FORM
2021-2022**

Today's Date _____

APPLICANT

Student's Name _____ Sex: M F Birth Date _____ Age _____

Address _____

Student lives with: Father & Mother _____ Mother _____ Father _____ Guardian _____

How did you learn about Shepherd of My Heart Preschool? Yard Sign _____ Newspaper _____ Internet _____ Other _____

Who can we thank for referring you to our preschool? _____

FAMILY

Parents/Guardian Name _____

Address _____

Home Phone _____ Cell # _____ Business _____

E-mail Address: _____

Marital Status: Married _____ Widowed _____ Separated _____ Divorced _____ Remarried _____ Single _____

Church Family Attends _____ Regularly _____ Occasionally _____ Never _____

Others in Home: (Please list name, age, and relationship.) _____

Previous Preschool or Group Experience: _____

Please include any other information that would be beneficial to the teacher. (For example: Special interests, fears, etc.)

PRESCHOOL INFORMATION

Pre-Kindergarten: For 4 & 5 Year Olds on *Monday, Wednesday and Friday* **Tuition:** \$110.00 per month
Child must be 4 years old by September 1st.

Please Note: Tuition is due by the 7th of each month, September through May.

Check the appropriate class that you are registering for:

_____ **Pre-Kindergarten:** Monday, Wednesday & Friday 9:15 AM – 11:45 AM

Registration Fee: A \$25.00 non-refundable fee is due at enrollment. Please make check or money order payable to:
North Street Christian Church

STUDENT INFORMATION

Transportation: Person(s) responsible for child’s transportation to and from preschool.

1. _____ Phone _____ Relationship to student _____

2. _____ Phone _____ Relationship to student _____

EMERGENCY CONTACTS *In the event of an emergency, parents will be contacted **first** unless otherwise specified.*

1. _____ Phone _____ Relationship to Student _____

2. _____ Phone _____ Relationship to Student _____

MEDICAL INFORMATION

Please list any special needs, disabilities, allergies, frequent illnesses, or any other information you feel would be helpful to the teacher and staff at Shepherd of My Heart Christian Preschool.

PEDIATRICIAN’S NAME _____ PHONE _____

ADDRESS _____

IMMUNIZATION RECORDS: *A copy of these records is to be submitted to Shepherd of My Heart Christian Preschool prior to the start of preschool in September. Records can also be faxed to North Street Christian Church: 724-282-3877.*

PARENTAL PERMISSION

MEDICAL:

I, _____, give “Shepherd of My Heart Christian Preschool” permission to seek emergency medical attention as needed for my child, _____.

Signature _____ Date _____

Print Name _____

PHOTOGRAPHS

I do _____ I do not _____ give permission for my child to be photographed for Preschool/Church use only.

FOR OFFICE USE ONLY

Registration Fee Received _____/_____/_____ Amount Received \$ _____ Check # _____ Cash _____

Immunization Records Received _____/_____/_____