



# South Branch Reformed Church Preschool

School Year: 2025 – 2026

*Please print clearly*

Application for (check one):

- 2 ½ Year Old Program:  2 Day AM  
 3 Year Old Programs:  2 Day AM  \*3 Day AM  \*5 Day AM \*MUST BE 3 YRS. OLD BY 10/1/25  
 4/5 Year Old Programs :  3 Day AM  5 Day AM  3 Day Extended  5 Day AM + 3EX

<b>FOR OFFICE USE ONLY</b>	
REG. FEE _____	DATE PD. _____ CK.# _____
1 <sup>st</sup> INSTALLMENT _____	DATE PD. _____ CK.# _____
2 <sup>nd</sup> INSTALLMENT _____	DATE PD. _____ CK.# _____
REG. AGREE. _____	
HEALTH FORM: <input type="checkbox"/>	

Student's Full Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Language spoken at home \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_  Cell  Home  
 Primary E-Mail \_\_\_\_\_

Please list all members of the student's family household:

Parent(s) \_\_\_\_\_  
 Other adult(s) \_\_\_\_\_  

Sibling(s)	Age	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Status

- Parents married  Single Parent  
 Parents separated  Parents not married  
 Parents divorced  Legal Guardian  
 Mother remarried  Father remarried  
 Was student adopted?  
 Date: \_\_\_\_\_

Financial responsibility for student's tuition will be assumed by: \_\_\_\_\_

Address if different from above:  
 \_\_\_\_\_  
 \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address (if different than above)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address (if different than above)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

**Maternal Grandparents**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      Zip Code

**Paternal Grandparents**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      Zip Code

Names and relationships of any family members who have attended the South Branch Reformed Church Preschool:

\_\_\_\_\_

How did you learn about South Branch Reformed Church Preschool? \_\_\_\_\_

**Previous School Experience:**

School \_\_\_\_\_ Dates of enrollment: \_\_\_\_\_

School Address \_\_\_\_\_

School \_\_\_\_\_ Dates of enrollment: \_\_\_\_\_

School Address \_\_\_\_\_

Briefly tell us about your child’s developmental history.

\_\_\_\_\_  
\_\_\_\_\_

Was your child premature? Yes / No    If so, how many weeks? \_\_\_\_\_

Has your child been evaluated for any of the following:

	Yes / No	Date of Evaluation	Who Administered
Speech/language	Yes / No	_____	_____
Occupational Therapy	Yes / No	_____	_____
Physical Therapy	Yes / No	_____	_____

Does your child have any physical limitations or allergies?     Yes     No

Allergy \_\_\_\_\_    Requires Epi Pen     Yes     No

Limitations \_\_\_\_\_

Is your child currently receiving any medication? If so, please list. \_\_\_\_\_

\_\_\_\_\_

Has your child ever suffered any serious illness, injury or hospitalization? \_\_\_\_\_

\_\_\_\_\_

*Our primary goal in the admissions process is to try to find the right fit between school, student and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.*

What is it about our school that appeals to you? Why do you think it would make a good choice for your son or daughter?

What responsibilities does your son or daughter have at this stage of his/her life around your home and neighborhood?

How does your son or daughter spend his/her spare time?

What are your child's strengths, likes and dislikes?

Is there anything you would like us to know about your child that we did not previously ask?

A fee of \$60.00 and the first tuition installment should accompany your application. The application fee and first tuition installment are not refundable. It is understood that students are entered for a full school year. Tuition installments are to be paid promptly each month. The South Branch Reformed Church Preschool reserves the right to amend or withdraw any program for which there is insufficient enrollment. The school does not discriminate on the basis of race or religion in the administration of its educational policies. Your application is regarded as a formal request for consideration for your son or daughter as a potential student at the South Branch Reformed Church Preschool.

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Parent' s Signature

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Date