



South Branch Reformed Church Preschool

FOR OFFICE USE ONLY	
REG. FEE	_____
DATE PD.	_____ CK.# _____
1 st INSTALLMENT	_____
DATE PD.	_____ CK.# _____
2 nd INSTALLMENT	_____
DATE PD.	_____ CK.# _____
REG. AGREE.	_____
HEALTH FORM	_____

School Year: 2017 – 2018

Please print clearly

Application for (check one):

Three year old Programs 2 Day AM 2 Day PM 3 Day AM* 3 Day PM

* MUST BE 3 yrs.old BY 10/1/17

Four year old Programs 3 Day AM 3 Day PM 5 Day AM 3 Day Extended

Student's Full Name _____ Male Female

Date of Birth _____ Place of Birth _____ Language spoken at home _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ 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.

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.

Parent' s Signature

Date