

## **APPLICATION FOR ENROLLMENT**

**CREATIVE PRESCHOOL  
FIRST UNITED METHODIST CHURCH  
200 MARKET ST. WARREN, PA 16365  
(814-723-4930)**

Please complete this application and return them with a nonrefundable application fee of \$30 to First United Methodist Church.

Creative preschool is a half-day preschool program. Our classes are in session from 8:30 a.m. until 11:15 a.m. on Tuesdays, Wednesdays, and Thursdays. The cost is \$120.00 a month.

Once an application is turned in and the \$30.00 registration fee is paid, your child will be enrolled in the appropriate class and you will receive confirmation from a staff member. Children will continue to be added to the morning class list until all spots are filled.

If additional applications are received after the class list has been filled, children will be added to a waiting list in the order that the applications are received and you will receive notification that your child is on the waiting list. Parents/guardians will be notified on or before July 15<sup>th</sup> if either a spot in the morning class has become available or if an afternoon session will be held.

If an afternoon session is held, it would run from 12:00 p.m. until 2:45 p.m., Tuesday, Wednesday and Thursday.

PREFERRED CLASS: THREE YEAR OLD \_\_\_\_\_  
(Please Check)

PRE-K \_\_\_\_\_

**Staff Use Only:**

**Date received**\_\_\_\_\_ **Reg. Fee Paid**\_\_\_\_\_ **Confirmation call**\_\_\_\_\_

CHILD'S FULL NAME\_\_\_\_\_

NAME TO BE USED AT SCHOOL\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_

AGE ON JULY 1<sup>st</sup> OF THIS YEAR\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_

HOME PHONE\_\_\_\_\_

FATHER'S NAME\_\_\_\_\_ FATHER'S CELL\_\_\_\_\_

Father's Address\_\_\_\_\_

FATHER'S EMPLOYER\_\_\_\_\_ PHONE\_\_\_\_\_

MOTHER'S NAME\_\_\_\_\_ MOTHER'S CELL\_\_\_\_\_

Mother's Address\_\_\_\_\_

MOTHER'S EMPLOYER\_\_\_\_\_ PHONE\_\_\_\_\_

EMERGENCY CONTACT (Other than parents) DURING SCHOOL HOURS

Name\_\_\_\_\_ Address\_\_\_\_\_

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

DOCTOR'S NAME\_\_\_\_\_ PHONE\_\_\_\_\_

MMR VACCINATION DATE\_\_\_\_\_

For your information, Creative Preschool participates in the Pre-K Scholarship Program through the Warren-Forest Economic Opportunity Council, PA's Educational Improvement Tax Credit Program, and local businesses. The goal of the Pre-K Scholarship program is to assist families with the cost of Pre-K programs to ensure as many children as possible benefit from an early learning opportunity. Families enrolled in Pre-K facilities will be given an opportunity to apply next fall for funds to be applied toward tuition. **This will be mailed out in August with a welcome packet.**

## CREATIVE PRESCHOOL CONFIDENTIAL INFORMATION

CHILD'S  
NAME \_\_\_\_\_

Siblings' Names

Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other's in home \_\_\_\_\_

Are parents living together? \_\_\_\_\_

Relationship with siblings? \_\_\_\_\_

Relationship with other children? \_\_\_\_\_

Recent changes in home environment? (moving, new baby, etc.) \_\_\_\_\_

\_\_\_\_\_

Any particular areas of concern during the past year? \_\_\_\_\_

\_\_\_\_\_

Does he/she speak clearly? \_\_\_\_\_ What sounds if any are difficult? \_\_\_\_\_

\_\_\_\_\_

Any special fears at home? (thunder, dogs, the dark, etc.) \_\_\_\_\_

\_\_\_\_\_

General Health:      Energy \_\_\_\_\_

Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Glasses \_\_\_\_\_

Recurrent colds or ear infections \_\_\_\_\_

Hearing \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

Has your child been serviced by Early Intervention or DHS? \_\_\_\_\_

Is your child currently receiving services from Early Intervention or DHS? \_\_\_\_\_

Does your child have any known special needs? \_\_\_\_\_

Learning needs \_\_\_\_\_

Physical needs \_\_\_\_\_

Developmental delays \_\_\_\_\_

Speech and language needs \_\_\_\_\_

Behavioral or emotional needs \_\_\_\_\_

Why do you want your child to attend Creative Preschool and what are your expectations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Permission for walking excursions and photo publication**

My child, \_\_\_\_\_, has permission to attend field trips with the Creative Preschool for the 2018-2019 school year. Most field trips will be walking excursions. I understand that parents will be responsible for providing their own transportation for field trips when walking is not possible.

Parent or legal guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I grant permission to Creative Preschool to use my child's name and/or photographic image in production of any school publication and /or video, dvd, social media (Creative Preschool facebook page) and/or other visual imaging.

Name of child \_\_\_\_\_

Parent or legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_

