



# Student Application

Class is determined by age as of September 1  
Morning session - 9:00-11:15 a.m. All day 9:00 a.m.- 2:30 p.m.

**Registration for (please choose all acceptable options, numbered in order of preference):**

**2-3 class**       Tuesday morning    and/or     Thursday morning

**PreK 3-4 class**     Mon/Wed morning                       Tues/Thurs morning  
                          Mon/Wed all day

**PreK 4-5 class**     Mon/Wed morning                       Tues/Thurs morning  
                          Mon/Wed all day                       Tues/Thurs all day  
                          Tues/Wed/Thurs all day

**Enrichment class**     PreK 3-4/PreK 4-5 class (Wed AM)

**Student Information:**

Child's Full Name: \_\_\_\_\_  Male  Female

Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Potty-trained  yes  no

Address: \_\_\_\_\_  
                         Street    or    PO Box                      City                      State                      Zip

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

Attended preschool previously?  yes  no    If so, where? \_\_\_\_\_

**Parent/Legal Guardian Information:**

Mother/Guardian's Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
                         Street    or    PO Box                      City                      State                      Zip

Employer/Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
                         Street    or    PO Box                      City                      State                      Zip

Employer/Address: \_\_\_\_\_

**Medical Information:**

Name of Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are your Child's Immunizations up to date?  yes  no

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  left-handed  right-handed  uncertain

Describe any physical restrictions, medical or dietary information, including allergies and medications:

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**Introduce your family to us...**

Describe your child's personality: \_\_\_\_\_

Your child's interests: \_\_\_\_\_

Your child's fears: \_\_\_\_\_

Has your child been left in the care of others before?  yes  no

Give names and ages of all persons living in your home: \_\_\_\_\_

Parents:  Married  Single  Separated  Divorced  Remarried  
 Father Deceased  Mother Deceased

Language spoken in your home: \_\_\_\_\_

If you attend church, where? \_\_\_\_\_

List special skills or interests you would be willing to share with your child's class: \_\_\_\_\_

How did you become acquainted with the Parent & Preschool Center?  
\_\_\_\_\_

Would you accept a phone call or visit from one of our sponsoring churches?  yes  no

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I/We waive all claims against Parent & Preschool Center in case of accident, injury, or sickness resulting in our child's contact with the Center. I/We give permission for First Aid/Emergency medical care during Center hours if parents cannot be reached.

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Signature of Father or Legal Guardian

Mail application and \$50 (non-refundable) registration fee to:  
**Parent & Preschool Center**  
1916 Lincoln Highway East  
Lancaster, PA 17602

**Make checks payable to: Parent & Preschool Center**