

# Mt. Olive Christian Preschool

2679 Darlington Rd.  
Beaver Falls, PA 15010  
724-847-7291

## PRESCHOOL REGISTRATION

Please complete the information below and return to the school/church office along with a \$25.00 non-refundable fee. You will be contacted in the summer regarding times for orientation. Class days and times will be based upon enrollment.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
School District you live in

\_\_\_\_\_  
Elementary School Name where Child will attend Kindergarten

Child's Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Returning Student: Yes No

Parent/Guardian Names 1 \_\_\_\_\_

2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager Number (optional) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Best Time to reach you for general information: \_\_\_\_\_

In our Christian school program, the children receive a blend of secular and spiritual training that provides an opportunity for them to begin the process of learning and developing social consciousness in a truly Christian way.

### Class Preference:

**Three-Year-Old Class:** Child must be 3 years old by Sept 1<sup>st</sup> and COMPLETED toilet training.

#### TUESDAY AND THURSDAY

\_\_\_\_\_ 9:00 – 11:00am \_\_\_\_\_ 9:30 – 11:30am \_\_\_\_\_ 12:00 – 2:00pm

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**PRE-K Class:** Child must be 4 years old by Sept 1<sup>st</sup> and COMPLETED toilet training.

#### MONDAY, WEDNESDAY AND FRIDAY

\_\_\_\_\_ 9:00 – 11:30am \_\_\_\_\_ 9:30 – 12:00pm \_\_\_\_\_ 12:30 – 3:00pm

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**Step 2 Class:** Child must be 5 years old by Sept 1<sup>st</sup>, COMPLETED toilet training and a prior Pre-K program.

#### MONDAY through FRIDAY

\_\_\_\_\_ 9:00 – 11:30am \_\_\_\_\_ 12:30 – 3:00pm (this class will only run if morning class is full)

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Office Use only

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Class Assignment \_\_\_\_\_

Student Info/Release Emergency \_\_\_\_\_

Copy of Immunization Record \_\_\_\_\_

## Student Information

For us to become familiar with your child, please fill out the following.

Church Affiliation: \_\_\_\_\_ Baptized: Yes No

Siblings Names and Ages: \_\_\_\_\_

Please list ways your family may differ from usual (i.e. foster parents, stepparents, handicaps, recent deaths, extended illness, recent move, and etc.) \_\_\_\_\_  
\_\_\_\_\_

Please list any and all health problems or disabilities that may affect classroom behavior of the child. Please include ALLERGIES. If food allergies exist and are severe, we advise you to provide your child's snack on a daily basis. If your child is allergic to bee stings, etc. that require immediate emergency treatment, please obtain a medication form from the teacher fill it out completely and return with an extra treatment kit \_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please include a copy of current immunization records upon registration in the Preschool.**

## Emergency/Release Information

Please list persons to be contacted **in the order** you suggest if your child is ill, injured or in any case of emergency. It is also policy at Mt. Olive to release your child ONLY to persons on this list. Please list anyone, including parents, grandparents, relatives, etc. to whom we may release your child.

The following persons have my/our permission to transport my/our child to and from school and may be contacted in case of emergency.

1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

4 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

5 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby grant permission for my child to receive emergency medical care during his/her school hours if required during the school year at parent's expense.

Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Mt. Olive Christian Preschool has my permission to photograph my child during class time and field trips for publicity purposes.

Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

I hereby give my permission for my child to leave Mt. Olive on field trips. Mt Olive will give advance notice of all trips and I understand that parents on a volunteer basis furnish transportation.

Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_