REGISTRATION
UPPER OCTORARA PRESBYTERIAN CHURCH PRESCHOOL
610-857-0236

Registration For:	Pre-Kindergarten M-F	AM_____	$180.00/month
	4-Year Old MTWTh	AM_____	$155.00/month
	4-Year Old MWF	AM_____	$125.00/month
	3-Year Old T/TH/F	AM_____	$125.00/month
	3-Year Old T/TH	AM_____	$105.00/month
Harmony time 3-yr T/TH (1:00-2:00)		PM_____	$8.00 per class (weekly sign ups)
Harmony Time 4-yr. MTWTh or any combo.		PM_____	$8.00 per class (weekly sign ups)
Time For Two's Class M 12:00-1:00 (Mommy &Me)		PM_____	8 week session $64.00 per session

Child's Full Name:_____ Nickname:_____

Date of Birth:_____ Age:_____ Boy_____ Girl_____

Parent's Name:_____

Home Address:_____

Home Phone:_____ School District:_____

Father's Place of Business:_____ Phone:(____)_____

Mother's Place of Business_____ Phone:(____)_____

If someone other than the child's mother or father will drop-off or pick-up your child, please list name and phone number:

_____

If unable to reach parents, name and phone number of a person we could contact in emergency or illness:

_____

Name of people in household: Father:_____ Mother:_____

Other Adults:_____

Other Children/Ages:_____

Child's Physician:_____

List any allergies and other medical situations teacher should be aware of:_____

List any medications your child takes on a regular basis:_____

Does your child need assistance with any bathroom procedures?_____

Please list any information that the teacher should be aware of (i.e., divorce, speech problems, fear of new situations, adoption, etc.). Use other side, if needed._____

What skills, interests, or background would you or your family members be willing to share with preschoolers or parents (i.e., fireman, police officer, nurse, doctor, artist, etc.)_____

Are you available to work occasionally in the classroom?_____ May your child go on field trips?_____ Are you able to go along?_____

I give permission for our address and telephone number to be included with my child's name in the preschool directory.
Yes_____ No_____

Please send $50.00 non-refundable registration fee (per family) with this application to:
Upper Octorara Presbyterian Church Preschool, 1121 Octorara Trail, Parkesburg, PA 19365.
Make check payable to: UOPC Preschool

Office Use Only:	_____ Date Rec'd	_____	Conf. Ltr.
	_____ Ck.#	_____	Class
	_____ Paid	_____	Invoice