



Presby Preschool

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2012-2013 REGISTRATION FORM

Student's First, Middle, & Last Name _____

Child's name/nickname you want on class list _____ Male _____ Female _____

Address _____ City _____ St. _____ Zip _____

Email address _____

Age by Aug. 1, 2012 _____ Date of Birth _____ Phone _____

Child attended Presby for the 2011-12 year: yes (write teacher's name) _____ no _____

Parents/guardians and other adults living in the household:

1.) Name _____ Relationship to Student _____

Occupation/Employer _____ Work Phone _____

2.) Name _____ Relationship to Student _____

Occupation /Employer _____ Work Phone _____

Siblings (Names and ages) _____

Parents not living in household:

1.) Name _____ Relationship to Student _____

2.) Name _____ Relationship to Student _____

Please list legal custody arrangements & any other pertinent information (If there are current restraining orders-**you must supply us with a copy to have on file**)

Church Affiliation _____

If both parents are out of the home during the day, please state caregiver of your child when not in school.

Name _____

Address _____ Phone _____

What are your child's interests? _____

Do you know of any of your child's fears? _____

Please note any special food habits, allergies, problems, etc. _____

Does your child have any speech, hearing, or other problems of which we should be aware? _____

What method of behavior control is used at home? _____

Has your child had any previous group experience outside the home; if so, was this an enjoyable experience? _____

How would you describe your child's personality? _____

Registration forms must be accompanied by a \$40.00 registration fee for returning students or a \$50.00 for new students. Add \$10.00 for each additional child. (Non-refundable)

I would like for my child to attend... *(Please write 1 for your 1st choice & 2 for 2nd -in case your first choice is full!)*

A.M. Classes

P.M. Classes

2's (2 by August 1)

_____ 2 day 9:15-11:15 Th-Fr (\$65/month)

3's (3 by August 1)

_____ 2 day 9:00-11:30 Th-Fr (\$60/month)

_____ 3 day 9:00-11:30 M-W (\$80/month)

4's & 5's Readiness (4 by August 1)

_____ 3 day 9:00-11:30 M-W (\$80/month)

_____ 4 day 9:00-11:30 M-Th (\$98/month)

_____ 5 day extended 9:00-12:00 M-F (\$140/month)

3's (3 by August 1)

_____ 2 day 1:00 --3:30 p.m. M-T (\$60/month)

_____ 3 day 1:00 -- 3:30 p.m. M-W (\$80/month)

4's & 5's Readiness (4 by August 1)

_____ 3 day 1:00-3:30 p.m. M-W (\$80/month)

_____ 4 day 1:00-3:30 p.m. M-Th (\$98/month)

**5 day class is a regular preschool readiness class with the extra class time focusing on the Arts (Examples: drama, literature, art, etc...). There will be a few times during the year when class hours will be adjusted.

**Classes are filled on a first come first serve basis. If a class does not have at least ten (10) students enrolled, it will not be available and you will be notified.

**Presby Preschool admits student of any race, color, and national or ethnic origin.



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MEDICAL FORM

A copy of your child's shot record must be attached to back of this form.

This form due before your child begins Presby Preschool. It must be signed by a doctor.
Presby requires a Medical form to be completed only 1 time during your child's preschool years.

Child's Name: _____

Date of Birth: _____ Class Days & Times: _____

The child listed above has been enrolled in our school. Classes meet from two to five times weekly for two and one-half or three hour sessions, in groups of fifteen (15) to eighteen (18) children, under the supervision of a professional teacher and an assistant. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment.

Does this child require special attention, medication, or routines or have any physical condition that may have to be taken into consideration in planning for the child's time at school? _____

In your opinion is this child physically and emotionally able to participate in a preschool program like the one described above? _____

Is this child current on their shots? yes ____ no ____
(if no, please list reason) _____

Date of most recent examination _____

Physician's Signature (required): _____

Physician's Name Printed: _____

Date signed: _____