2026-2027 PRESCHOOL REGISTRATION FORM

To register your child, please complete this form and MAIL it, along with the "choice of session" form and the $200.00 nonrefundable regis/supply fee*, to the FOLLOWING ADDRESS:

*** please make check/ money order payable to**
"Harborcreek Presbyterian Preschool"
(*This fee will be refunded if there is not a Preschool spot available by Sept..)

Charlene Chmielewski
4740 Ridge Parkway
Erie, PA 16510-3242

1. **Child's Name** _____ _____ **Sex --** M F
   first **last**
2. **Child's Address** _____ _____ _____
   street **city** **zip code**
3. **Child's Birthday** _____ _____ _____
   month **day** **year**
4. **Phone Number (the # you want your child to learn)** _____
5. **Child's Age when entering Preschool in Sept. 2026:** 3 3 1/2 4 4 1/2 5 5 1/2
6. **Child lives with:** Parent 1 & 2 Parent 1 Parent 2 Stepparent Grandparent(s) Guardian

   **** PLEASE NOTE: If there is a custody arrangement, you must provide a copy of the most recent custody order for the Preschool to keep on file.**

7. **Parent (1)'s Name** _____
   Place of Employment _____
   Daytime Phone Numbers _____ _____ _____
   home **work** **cell**
8. **Parent (2)'s Name** _____
   Place of Employment _____
   Daytime Phone Numbers _____ _____ _____
   home **work** **cell**
9. **Emergency Contacts, if YOU, the parents, cannot be reached:**

Name: _____ Phone: _____ Cell #: _____ Relationship: _____

Name: _____ Phone: _____ Cell #: _____ Relationship: _____

Name: _____ Phone: _____ Cell #: _____ Relationship: _____

Name: _____ Phone: _____ Cell #: _____ Relationship: _____

10. **Child's Doctor:** _____ **Doctor's Phone:** _____
11. **Emergency Hospital Preference:** _____

****PLEASE ALSO COMPLETE THE BACK OF THIS PAPER.**** *-- OVER --*

12. **Names and Ages of Brothers and Sisters:**
*** (Please indicate if he/she is a former student of <u>our preschool</u>.)***

_____ _____
_____ _____
_____ _____

13. **Please inform us of <u>any special health concerns</u> (i.e. food or medical allergies) concerning your child:**

_____
_____
_____
_____

14. **Any changes in family situations (birth, death, move, separation, divorce, etc.)**

_____
_____
_____

15. **Does your child now receive <u>or</u> has received services from any other agency? YES / NO**
(i.e. speech therapy, physical therapy, Intermediate Unit, Shriner's, Achievement Center, etc.)

If <u>YES,</u> please explain the specific reason, the agency, and for what length of time:_____

_____
_____
_____

16. **What language(s) are spoken in the home?** _____

17. **Which <u>Kindergarten</u> will your child most likely attend in the future?**

_____

18. Please print your child's **<u>FIRST NAME</u>** the **<u>"exact way"</u>** that you would like **<u>him/her to learn to print it</u>. **<u>This is also the way it will appear on all of his/her school paperwork.</u>****

My child's <u>First Name</u>: _____

(The Preschool admits students of any race, color, and national or ethnic origin.)