

2024-2025 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**:



Charlene Chmielewski
4740 Ridge Parkway
Erie, PA 16510-3242

* 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..)

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. 2024**: 3 3 1/2 4 4 1/2 5 5 1/2

6. Child lives with: Mom & Dad Mom Dad 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. Mother's Name _____

Place of Employment _____

Daytime Phone Numbers _____
 home work cell

8. Father'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: _____

12. Names and Ages of Brothers and Sisters:

*** (Please indicate if he/she is a former student of our preschool.)***

_____	_____
_____	_____
_____	_____

12. Please inform us of any special health concerns (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 or has received services from any other agency? YES / NO
(i.e. speech therapy, physical therapy, Intermediate Unit, Shriner's, Achievement Center, etc.)

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

16. Which Kindergarten will your child most likely attend in the future?

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

My child's First Name: _____

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