

**Application for Enrollment**  
**Philadelphia Presbyterian Preschool and Transitional Kindergarten**  
**11501 Bain School Road**  
**Mint Hill, NC 28227**  
**(This application is not transferable.)**

Please fill out this form and return it along with your registration fee at your earliest convenience.

*Space will be reserved for your child as soon as this form and the registration fee is received.*

**Age Groups: (Please circle the desired class.)**

3 yrs. - 3 day Mon./Wed./Fri.

3 yrs. - 2 days Tues./Thurs.

4 yrs. - 3 day Mon./Wed./Fri.

4 yrs. - 5 days Mon. - Fri.

5 yrs. - 5 day Mon. - Fri.

**Name:**

\_\_\_\_\_

name child wishes to be called: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: M/F

**Birthdate:** \_\_\_\_\_  
MM/DD/Year

**Mothers Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Special Health Concerns: (Please list)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ex: Food allergies, asthma, eczema, medications, nose bleeds, activities to avoid, etc.**

Emergency Contacts: Please list persons who may be notified when parents cannot be reached in case of emergency. Please be sure these persons have been notified that they are contacts.

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pediatrician**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Siblings:** (List name, age, gender) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other adults in the family: \_\_\_\_\_

Church Membership/Affiliation/Preference: \_\_\_\_\_

List name/kind or pet(s): \_\_\_\_\_

**Information about Your Child**

Please answer the following questions regarding your child's characteristics, etc. If you have additional information that will help us, please continue writing at the bottom of this form.

Does your child dress him/herself and attend to his/her own personal needs (specifically bathroom)? Yes/No

Does your child have fears/anxieties? Yes/No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a special characteristic/habit you wish the school to help change or strengthen?  
Yes/No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a special health condition about which we need to know? Yes/No  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information you wish to share with us about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby agree to conform to the policies established by the Philadelphia Presbyterian Preschool & Transitional Kindergarten. My registration fee accompanies this application.

Signed/Date: \_\_\_\_\_

Please sign to indicate that you agree to a photo release for your child and you agree to having your address and phone number printed in the school roster.

Signed/Date: \_\_\_\_\_

