



Salem Christian Preschool

Application for Enrollment 2012-2013

8031 Salem Bible Church Road, Macungie, PA 18062

Phone: 610-966-5823 Fax: 610-965-8368

schoolinfo@salemchristian.org

Please return this application to the school office with the required registration fee of \$60.

- _____ **Three Day Program** (must be 4 by August 15)
Monday/Wednesday/Friday 9-11:45 AM - \$170/month
(Add 2% after March 31st)
- _____ **Two Day Program** (must be 3 by August 15)
Tuesday/Thursday 9-11:45AM - \$150/month
(Add 2% after March 31st)

Child's Full Name _____

Date of Birth (mm/dd/yy) _____

Home/Mailing

Address _____

Home Telephone Number _____

Email address _____

Mother's/Guardian's Name

Occupation _____

Business phone _____

Cell phone _____

Father's/Guardian's Name _____

Occupation _____

Business phone _____

Cell phone _____

Child resides with: (circle one)

Mother/Father

Father

Mother

Other (legal guardian/grandparent)

Church affiliation

Do you attend church regularly? _____

Does child attend Sunday School? _____

If so, where _____

Other Preschool Experience

Preschool(s)

attended _____

Health

Doctor's Name and Phone Number

I understand that in case of emergency, illness, or accident to the child named on this application, the school is authorized to call an ambulance and have the child taken to the nearest emergency hospital. I understand that the parents will be notified as soon as possible.

Signature of Parent/Legal Guardian

List all allergies

List any other medical problems

List medications your child takes

Does your child have any vision, hearing, or speech concerns? _____

If yes, please list _____

Does your child have any learning/physical or behavior/emotional concerns?

_____ If yes, please list _____

Child Pick Up

Please list an adult other than you, as a parent, who may pick up your child if you were not able to.

I give permission for the following people to pick up my child, _____ from preschool.

1. _____
Relationship to child _____ Phone # _____

2. . _____
Relationship to child _____ Phone # _____

3. . _____
Relationship to child _____ Phone # _____

It is understood that your child will only be released to those noted in the above authorization, however there may be adults who specifically do NOT have authorization to pick-up your child. Is there anyone we need to be alerted of should they attempt to pick up your child?

Permissions

I give permission for my child to be photographed/video taped for general advertising or classroom usage. For any picture used in advertising, the child's identity will remain anonymous. (circle) Yes No

Parent/Guardian Signature

Financial Obligations

Tuition payments are due on the 15th of each month (9 payments starting in August until April). Payments made after the 25th of each month are subject to a late fee of \$10.