

# *St. Stephen's Episcopal Preschool*

*199 W. Baltimore Avenue  
Clifton Heights, PA 19018  
610-623-3900*

*Dear Parents,*

*Thank you for your interest in St. Stephen's Episcopal Preschool. Enclosed are the school's registration forms. To register, please fill out the white form stating your class choice and return it along with the \$60.00 registration fee.*

*The colored registration forms can be held until the medical form is filled out at your child's next scheduled appointment. At that time, please ask for a copy of your child's immunization record. All forms should be completed by the start of school in September. If your child's exam is scheduled after school begins, please hand in all green forms 1-4 and let me know when to expect the medical form.*

*We look forward to you and your child becoming a part of our wonderful preschool family! If you need any further information, please feel free to contact me.*

*Sincerely,*

*Preschool Directors*

**St. Stephen's Episcopal Preschool**  
**199 W. Baltimore Avenue**  
**Clifton Heights, Pa 19018**  
**610-623-3900**

**Registration Information**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father or Guardian \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status of Parents:

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Living Together \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

\_\_\_\_\_

How did you hear about St. Stephen's Preschool? \_\_\_\_\_

# Health History

Does your child suffer from allergies? \_\_\_\_\_ If so, are there any dietary restrictions we should be aware of? \_\_\_\_\_ Please explain \_\_\_\_\_

Does child have difficulty in any of the following areas that you are aware of?

Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Motor Skills \_\_\_\_\_ Speech/Language \_\_\_\_\_

Please explain \_\_\_\_\_

Is your child involved in an early intervention program? \_\_\_\_\_

If so, please explain his involvement. \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Please give a statement evaluating the overall health of your child.

## ***Persons Authorized To Pick Up Child***

Under no circumstance will your child be released to anyone not known to the school without authorization from parents or guardians.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone \_\_\_\_\_

## ***Emergency Contact (After Parents)***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

I hereby grant permission for my child to use all play equipment and participate in all activities of the school.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted.

The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or for failure of the parent to update emergency information when changes occur.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Mother or Legal Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Father or Legal Guardian)

# Tuition Agreement

Please read and sign the following agreement:

I agree to pay my tuition by the 1<sup>st</sup> of the month. If tuition is not paid and my account becomes delinquent, I understand that my child will not be able attend school until tuition is paid.

If my account becomes delinquent for reasons such as financial hardship, I agree to contact the school immediately to work out an appropriate payment schedule acceptable to both parties. Scholarships will be awarded based on financial need and availability of funds.

I agree to notify the school in writing, two weeks in advance, before withdrawing my child for any reason. I understand that failure to do so will result in loss of any tuition payments credited to my account.

I understand that no refund of tuition can be given after May 1<sup>st</sup> of each school year. Children on our rolls as of that date will be charged tuition through the May closing date.

I agree to comply with the rules and regulations of St. Stephen's Episcopal Preschool specified in the Parent's Handbook issued by the school each year.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or legal guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Father or legal guardian)