



## Registration Form

I would like to apply for admission of my child to the:

- 3 year old class (TTh 9am-11:30am)     4-5 year old class (MWF 12:30pm-3pm)  
 4-5 year old class (MWF 9am-11:30am)     Kindergarten Readiness MWF: \_\_\_9am-11:30am OR \_\_\_12:30pm-3pm  
Also includes TTh 12:30pm - 3pm

CHILD'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (zip) Sex:  M  F

FATHER'S NAME \_\_\_\_\_ Email: \_\_\_\_\_

Father's address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Business Address \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Email: \_\_\_\_\_

Mother's address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother 's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother 's Business Address \_\_\_\_\_

If we are unable to reach a parent in *an emergency*, is there someone else we could call? (i.e.: Grandparent, neighbor, friend)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Alt. Phone \_\_\_\_\_

To what church do you belong or are currently attending? \_\_\_\_\_

Does your child have any physical limitations?  No  Yes

If Yes, please explain: \_\_\_\_\_

What do you hope your child will gain from his/her preschool experience? \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

Other members of Household:

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**ADMISSION REQUIREMENTS & PARENT RESPONSIBILITIES:**

1. Child must be three or four years old **before September 1<sup>st</sup>** or approval must be obtained during interview process.
2. Child must be toilet trained.
3. Parents are responsible for getting the child to and from school on time.
4. In order for the preschool year to be of value, every effort should be made for the child to attend regularly.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\* A non-refundable \$30 registration fee must accompany this form \*\*\*\***

Make Checks payable to: **Calvary Bible Fellowship Church.**

Please write your child's name on the check.

If you have filled it out electronically, save the file to your computer and then attached it to an email to [errin@launchpreschool.com](mailto:errin@launchpreschool.com).  
Registration is not considered complete until payment is received. Or you may print and send to the address below.

Return this form and \$30 registration fee to:

Launch Preschool  
Calvary Bible Fellowship Church  
4891Penn Ave  
Sinking Spring, PA 19608

~ The Launch Preschool reserves the right to determine the eligibility of any child who needs a specialized program. ~

*During the school year, pictures will be taken of your child that may be used for promotional publications. To opt out, please attach a written letter stating your preference.*