

**ELFINWILD CHURCH PRESCHOOL**  
3200 MT. ROYAL BOULEVARD  
GLENSHAW, PA 15116  
412- 486-2322

**2019 - 2020**

**Office Use Only:**  
Date Rec'd \_\_\_\_\_  
Payment \_\_\_\_\_  
Pref Plmt \_\_\_\_\_



**CHILD'S FULL NAME** \_\_\_\_\_  
Last Name to be used in school

**ADDRESS** \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Boy / Girl** (please circle)

**EMAIL ADDRESS** \_\_\_\_\_ **SCHOOL DISTRICT** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Place of Employment \_\_\_\_\_ **PHONE** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Place of Employment \_\_\_\_\_ **PHONE** \_\_\_\_\_

Has your child had previous preschool experience? \_\_\_\_\_

Are there any physical or special conditions of which the teacher should be aware? Yes No  
(If yes, use other side to explain.) Any allergies? \_\_\_\_\_

Name of your child's **Doctor** \_\_\_\_\_ Phone \_\_\_\_\_

Any further comment about your child that you feel the school director should know, please indicate on back of this sheet.

Enrollment is limited. Please return this form with a check made payable to **ELFINWILD CHURCH PRESCHOOL** in the amount of **\$55.00** for the registration fee, which is not refundable, for your child to be enrolled in the preschool. This fee is NOT part of the tuition. (You will receive a receipt to verify acceptance of your registration fee after Jan. 15, 2019.) **Children are placed in classes according to their age.**

The tuition for the school year <b>2019-20</b> is:	\$121/mo. or \$1089/yr.	2-day program for 3, 4, 5 yr. olds
	\$156/mo. or \$1404/yr.	3-day program for 3, 4, 5 yr. olds
	\$203/mo. or \$1827/yr.	4-day program for 4 & 5 yr. olds
	\$244/mo. or \$2196/yr.	5-day program for 4 & 5 yr. olds

**Please indicate preference with "1<sup>st</sup>", "2<sup>nd</sup>", "3<sup>rd</sup>" choice**

- \_\_\_\_\_ **2 - day (Tues., Thurs.) for 3 year olds (January-May Term only)** \_\_\_\_\_ **AM only**
- \_\_\_\_\_ **2 - day (Tues., Thurs.) for 3 year olds** ..... **AM** \_\_\_\_\_ **PM**
- \_\_\_\_\_ **2 - day (Tues., Thurs) for 4 year olds** ..... **AM only**
- \_\_\_\_\_ **3 - day (Mon., Wed., Fri.) for 3, 4, and 5 years olds** ..... **AM** \_\_\_\_\_ **PM**
- \_\_\_\_\_ **3 - day plus Tue. Cooking for 4 and 5 year olds** ..... **AM only**
- \_\_\_\_\_ **5 - day (Mon. – Fri.) for 4 and 5 year olds** ..... **AM** \_\_\_\_\_ **PM**

Are either the child's parents or grandparents current members of Elfinwild Presbyterian Church? Yes No (please circle)  
Name(s) \_\_\_\_\_

I have read and understand Elfinwild Church Preschool's policies and guidelines. \_\_\_\_\_ (please initial)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form with your check payable to **ELFINWILD CHURCH PRESCHOOL** to: Mrs. Carolyn Hervey  
Elfinwild Church Preschool  
3200 Mt. Royal Boulevard  
Glenshaw, PA 15116

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**NAMES OF AT LEAST 2 FRIENDS OR RELATIVES WHO MAY BE CALLED IF PARENT CANNOT BE REACHED IN AN EMERGENCY:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_