

**APPLICATION FOR ENROLLMENT**

CREATIVE PRESCHOOL  
FIRST UNITED METHODIST CHURCH  
200 MARKET ST. WARREN, PA 16365  
(814-723-4930)

Please complete this application and return it with a nonrefundable application fee of \$30 to First United Methodist Church.

Creative preschool is a half-day preschool program. Our classes are in session from 8:30 a.m. until 11:15 a.m.(3-4 year old room) 8:45 a.m.-11:30 a.m.(Pre-K room) on Tuesdays, Wednesdays, and Thursdays. The cost is \$120.00 a month.

Once an application is turned in and the \$30.00 registration fee is paid, your child will be enrolled in the appropriate class and you will receive confirmation from a staff member.

If additional applications are received after the class list has been filled, children will be added to a waiting list in the order that the applications are received and you will receive notification that your child is on the waiting list. Parents/guardians will be notified on or before July 15<sup>th</sup> if either a spot in the morning class has become available.

PREFERRED CLASS: THREE YEAR OLD \_\_\_\_\_  
(Please Check)

PRE-K \_\_\_\_\_

**Staff Use Only:**

**Date received** \_\_\_\_\_      **Reg. Fee Paid** \_\_\_\_\_      **Confirmation call** \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

Gender: Male / Female (please circle one)

NAME TO BE USED AT SCHOOL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE ON JULY 1<sup>st</sup> OF THIS YEAR \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_

PARENT CELL PHONE # \_\_\_\_\_

Parent Address \_\_\_\_\_

PARENT EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_

PARENT CELL PHONE # \_\_\_\_\_

Parent Address \_\_\_\_\_

PARENT EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT (Other than parents) DURING SCHOOL HOURS

Name \_\_\_\_\_ Address \_\_\_\_\_

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

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MMR VACCINATION DATE \_\_\_\_\_

For your information, Creative Preschool participates in the Pre-K Scholarship Program through the Warren-Forest Economic Opportunity Council, PA's Educational Improvement Tax Credit Program, and local businesses. The goal of the Pre-K Scholarship program is to assist families with the cost of Pre-K programs to ensure as many children as possible benefit from an early learning opportunity. Families enrolled in Pre-K facilities will be given an opportunity to apply next fall for funds to be applied toward tuition. **This will be mailed out in August with a welcome packet.**

**CREATIVE PRESCHOOL CONFIDENTIAL INFORMATION**

CHILD'S  
NAME \_\_\_\_\_

Siblings' Names	Age
_____	_____
_____	_____
_____	_____

Other's in home \_\_\_\_\_

Are parents living together? \_\_\_\_\_

Relationship with siblings? \_\_\_\_\_

Relationship with other children? \_\_\_\_\_

Recent changes in home environment? (moving, new baby, etc.) \_\_\_\_\_

Any particular areas of concern during the past year? \_\_\_\_\_

Does he/she speak clearly? \_\_\_\_\_ What sounds if any are difficult? \_\_\_\_\_

Any special fears at home? (thunder, dogs, the dark, etc.) \_\_\_\_\_

General Health: Energy \_\_\_\_\_

Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Glasses \_\_\_\_\_

Recurrent colds or ear infections \_\_\_\_\_

Hearing \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

Has your child been serviced by Early Intervention or DHS? \_\_\_\_\_

Is your child currently receiving services from Early Intervention or DHS? \_\_\_\_\_

Does your child have any known special needs? \_\_\_\_\_

Learning needs \_\_\_\_\_

Physical needs \_\_\_\_\_

Developmental delays \_\_\_\_\_

Speech and language needs \_\_\_\_\_

Behavioral or emotional needs \_\_\_\_\_

Why do you want your child to attend Creative Preschool and what are your expectations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Permission for walking excursions and photo publication**

My child, \_\_\_\_\_, has permission to attend field trips with the Creative Preschool for the 2022-23 school year. Most field trips will be walking excursions. I understand that parents will be responsible for providing their own transportation for field trips when walking is not possible.

Parent or legal guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I grant permission to Creative Preschool to use my child's name and/or photographic image in production of any school publication and /or video, dvd, social media (Creative Preschool Facebook page) and/or other visual imaging.

Name of child \_\_\_\_\_

Parent or legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_