

**St. Peter's United Church Of Christ
Preschool Enrollment Application**

582 Church Street
Amherst, Ohio 44001
440-985-1972

Date _____

Child's Name _____
 First Middle Last

Address _____ Phone _____

City _____ State _____ Zip _____

Date Of Birth _____ Male\Female

Father/Guardian

Full Name _____

Address _____

Occupation _____

Company Name _____

Business Address _____

Business Phone _____ Home Phone _____

Cell Phone _____ e-mail _____

Mother/Guardian

Full Name _____

Address _____

Occupation _____

Company Name _____

Business Address _____

Business Phone _____ Home Phone _____

Cell Phone _____ e-mail _____

Name child is to learn to write and recognize:

Do you have a home church or place of worship?

Siblings (Names and Birthdays):

To what extent is your child toilet trained? _____

List any previous Preschool experience: _____

How did you hear about St. Peter's UCC Preschool

What additional information about your child do you feel would benefit the teacher

Child's shirt size (circle size)- S or M

CHECK YOUR ENROLLMENT CHOICE FOR YOUR CHILD

(Indicate first and second choice)

() Morning Session 9:00 to 12:00 (\$160.00/month) 3-day M-W-F

() Morning Session 9:00 to 12:00 (\$130.00/month) 2-day T-R

() Afternoon Session 12:45 to 3:15 (\$120.00/month) 2-day T-R

A non-refundable fee of \$50 is required to secure your child's place in class. Please make checks payable to St. Peter's UCC Preschool.

Signature of Parent/Guardian

Date