

Date _____

IMMANUEL PRESCHOOL OF SHILLINGTON
99 SOUTH WAVERLY STREET
SHILLINGTON, PA 19607-2641
(610)777-2348

Office Use
App. Rec'd. _____
Reg. Rec'd. _____

REGISTRATION FORM

Child's name _____ Nickname _____

Address _____ Birthdate _____

(Street)

(City)

(State)

(Zip)

Parents: Mother _____ Father _____ Marital Status _____

Religious Affiliation _____ Name of Church _____

Home phone _____ During School hours-Phone: mother _____ father _____

Alternate (name) _____ phone _____ (neighbor, grandparent, friend)

Child's physician _____ Phone _____

Other members of household: Name _____ Relationship _____

Physical Restrictions of child _____

Personality traits or home circumstances which will help the teacher better understand your child

Briefly, how did you hear about our preschool program? _____

Please check the class for which you are registering:

Toddler Time (Wednesday)

9:00-10:00 a.m. _____

(2 & 3-Year-Old/Parent and Child)

10:30-11:30 a.m. _____

3-Year-Old Preschool Class

9:00-11:30 a.m. _____

(Tuesday & Thursday)

12:30-3:00 p.m. _____

4-Year-Old Preschool Class

9:00-11:30 a.m. _____

(Monday, Wednesday, Friday)

12:30-3:00 p.m. _____

(Monday-Friday)

9:00-11:30 a.m. _____

Stay and Play Class (3, 4 and 5-Year-Old)

(Monday-Friday)

11:30-3:00 p.m. _____

(Monday, Wednesday, Friday)

11:30-3:00 p.m. _____

(Tuesday, Thursday)

11:30-3:00 p.m. _____

Please attach with application:

\$15.00 Registration Fee for Toddler Time

\$25.00 Registration Fee for 3-Year-Old, 4-Year-Old Classes, and Stay and Play Class

(Registration Fee is in addition to tuition and is NOT refundable.)