

# 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\_\_\_\_\_

Mother/Guardian

Full Name\_\_\_\_\_

Address\_\_\_\_\_

Occupation\_\_\_\_\_

Company Name\_\_\_\_\_

Business Address\_\_\_\_\_

Business Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

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

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 UCC Preschool?

---

---

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

---

### CHECK YOUR ENROLLMENT CHOICE FOR YOUR CHILD

(Indicate first and second choice)

( ) Morning Session 9:00 to 12:00 (\$120/month) 3 day M-W-F

( ) Morning Session 9:00 to 12:00 (\$90/month) 2 day T-R

A non-refundable fee of \$35.00 is required to secure your child's place in class. Please make checks payable to St. Peter UCC Preschool.

---

Signature of Parent/Guardian

Date