

# 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
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Address\_\_\_\_\_Phone\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Date Of Birth\_\_\_\_\_Sex\_\_\_\_\_

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 11:30 (\$100/month) 3 day M-W-F

(  ) Morning Session 9:00 to 11:30 (\$75/month) 2 day Tues.-Thur.

A non-refundable fee of \$35 is required to secure your child's place in class. Please make checks payable to **St. Peter UCC Preschool.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date