

Covenant Presbyterian Church
2070 Ridgecliff Rd.
Upper Arlington, OH 43221
451-6677 x23
childcenter@covenantpcusa.org



Preschool Summer Session 2017

Monday, Wednesday, Friday 9:30 am – 12:30 pm
June 12 – July 14, 2017 (No class Monday, July 3rd)
For children ages 3 – 5 years old

- Children must be three years old by June 12, 2017.
- Children must be potty trained.
- Children must bring a packed lunch or snack to class.
- The cost of the session is \$350, and includes application and supply fees. \$175 is due with the application, the remaining \$175 is due no later than June 1st. No refunds will be given for early withdrawals.
- The session will be cancelled and all payments will be refunded if 4 children are not enrolled by May 15th.
- The maximum enrollment for the class will be 6 children to one teacher.

Application for Summer Session 2017

(A \$175 payment must be included with this application. The remaining \$175 payment must be received no later than June 1st, 2017.)

Date: _____

Child's Name _____ M/F _____ Birthdate _____

By what name should we call your child at school? _____

Child's Address (include zip code) _____

With whom does the child live? _____

If your child was enrolled in Covenant Preschool for the 2016 – 2017 school year, only complete the information below if there are any changes in your information. If your child was not enrolled in Covenant Preschool, please complete all the following information.

Parents/Guardians

Father's Name _____
Address if different from child's _____
Training or Profession (whether currently working or not): _____
Home phone _____ Business phone _____ Cell _____
E-mail _____
Best way to contact Father during preschool hours _____

Mother's Name _____
Address if different from child's _____
Training or Profession (whether currently working or not): _____
Home phone _____ Business phone _____ Cell _____
E-mail _____
Best way to contact Mother during preschool hours _____
Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Other

Other than the parents, is someone authorized to pick up your child from preschool on a regular basis? If yes, please name and identify below:

Name(s) _____
Relationship to child _____

Family Life

Other children in the family Name Age /Grade Sex

Other persons living in the home (or frequently visiting)

Name/Relationship to the child:

Does your child have any pets? _____ If so, what kind? _____

Pet Names? _____

Family religious preference or affiliation: _____

Is your child adopted? _____ At what age? _____ Has he/she been informed? _____

Social Behavior

How does your child get along with adults? _____

Does your child play with other children? _____

Is sharing and taking turns difficult? _____

Does he/she play well alone? _____

Does he/she like quiet, or more active play? _____

What previous group experience has the child had and what was his/her reaction? _____

What are his/her favorite T.V. shows, books or movies? _____

What are some of your child's favorite toys?

How do you usually discipline your child? _____

How does he/she respond to babysitters? _____

Does he/she have any special fears? _____

Developmental History

Eating problems? _____

Food allergies? _____

(If food allergies are listed, please ask for an emergency medical plan form)

Other allergies or health concerns?

Sleeping: Usual time to bed? _____ Time to rise? _____

Problems? _____

Does he/she nap? _____ or rest? _____

Has there been an unduly stressful situation which has occurred in your life that you would like to share with us?

How has your child reacted to it? _____

What are your expectations for how preschool can benefit your child?

Who answered this questionnaire? _____

Any other comments (use the back of this form if you need more space) _____

Thank you for taking the time to complete this form. The information will help us to understand your child and meet his/her needs better. This information will be confidential and will be used only by our school staff.