

2018 – 2019
Covenant Preschool Application
2070 Ridgecliff Road, Columbus, OH 43221
614-451-6677 EXT. 23; childcenter@covenantpcusa.org



The following non-refundable fees must accompany this application.

- \$50 Application fee (One application fee per family)
- \$25 Supply fee (per child, includes materials needed for individual portfolios)

The first of 9 tuition payments is due Aug. 1, 2018. The last tuition payment is due Apr. 1, 2019. Children must be 3 years old by September 30th, 2018. Classes begin at 9:00 a.m. and end at 11:30 a.m. Please select the number of days per week and the weekdays you would like your child to attend by checking the appropriate box:

- 2 days per week (Tu, Th) \$165 per month x 9 months (\$1485 total tuition)
- 3 days per week (M, W, F) \$205 per month x 9 months (\$1845 total tuition)
- 4 days per week (days to be scheduled with the director) \$255 per month x 9 months (\$2295 total tuition)
Please discuss this option with director in advance of submitting your application
- 5 days per week (M, Tu, W, Th, F) \$305 per month x 9 months (\$2745 total tuition)

Child's Name _____ M/F _____ Birthdate _____
By what name should we call your child at school? _____
Child's Address (include zip code) _____

Parent Information

Father's Name _____
Address if different from child's _____
Training or Profession (whether currently working or not): _____
Current Occupation _____
Home phone _____ Business phone _____ Cell _____
Email address _____

Mother's Name _____
Address if different from child's _____
Training or Profession (whether currently working or not): _____
Current Occupation _____
Home phone _____ Business phone _____ Cell _____
Email address _____

Parent's Marital Status: _____ Married _____ Divorced _____ Separated _____ Other _____

Who cares for the child during daytime hours? _____

Family Life

Other children in the family

Name	Age	Grade	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? _____
Does your child have any pets? _____ If so, what kind? _____
Will your child be attending any other school such as ballet class, Sunday school, etc. this year? _____
What previous group experience has the child had and what was his/her reaction? _____

What are his/her favorite T.V. programs or movies? _____
How much screen time does he/she have daily? _____
How do you usually discipline your child? _____
How does he/she respond to babysitters? _____
Does he/she have any special fears? _____

Developmental History

Eating:
Appetite? _____ Problems? _____
Non-medical dietary restrictions or preferences? _____
Food allergies or medical dietary restrictions? _____
(Please discuss allergies and restrictions with the director. Additional forms may be required.)

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?

How can we help? _____

What else do we need to know about your child?

(Use back of page if necessary)

Who answered this questionnaire? _____

Sometimes parents/guardians of other children in the program request contact information for other parents/guardians. Please indicate if your name(s), mailing address, phone number, and email address may be released to other parents/guardians upon request. Yes/No

If yes, how would you like for your names to appear?

Child's Name _____

Parent's Name(s) _____

How did you hear about Covenant Preschool? _____

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.**

FOR OFFICE USE ONLY:

Child's Name: _____ **DOB:** _____

Days per week _____ Day preferences _____

Date Received: _____ App. /Supply Fee Received: _____

Check # _____ Confirmation Email Sent _____

Summer Mailing Sent: _____