

Preschool Application
2019 – 2020 School Year
Covenant Children’s Center
2070 Ridgecliff Road, Columbus, OH 43221
childcenter@covenantpcusa.org
614-451-6677 EXT. 23



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)

Please select the number of days per week you would like your child to attend by checking the appropriate box:

- 2 days per week (Tu, Th) \$175 per month x 9 months (\$1575 total tuition)
- 3 days per week (M, W, F) \$215 per month x 9 months (\$1935 total tuition)
- 5 days per week (M, Tu, W, Th, F) \$320 per month x 9 months (\$2880 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/Guardian Information

Name _____

Address if different from child’s _____

Training or Profession (whether currently working or not): _____

Current Occupation _____

Home phone _____ Business phone _____ Cell _____

Email address _____

Name _____

Address if different from child’s _____

Training or Profession (whether currently working or not): _____

Current Occupation _____

Home phone _____ Business phone _____ Cell _____

Email address _____

Who cares for the child during daytime hours? _____

Thank you for taking the time to complete the information below. The information you enter will help us to better understand and meet your child's needs. The information will be confidential and will only be used by our school staff.

Family Life

Parents' Marital Status: ___ Married ___ Divorced ___ Separated ___ Other

Others living in the child's home:

Name	Age (N/A for adults)	Grade (if applicable)	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use the last page of this form or attach a separate sheet if you need more space

Family religious preference or affiliation: _____

Is your child adopted? _____ At what age? _____

Has your child 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 your child play well alone? _____

Does your child like quiet, or more active play? _____

Does your family 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 your child had and what was your child's reaction? _____

What are your child's favorite T.V. programs/videos? _____

Do you limit your child's daily screen time? _____ If so, what is your usual limit? _____

How do you usually discipline your child? _____

How does your child respond to babysitters? _____

Does your child have any special fears? _____

Developmental History

Eating:

Appetite _____ Problems? _____

Food allergies _____

Dietary restrictions for religious or other reasons _____

Sleeping:

Usual time to bed _____ Time to rise _____ Problems? _____

Does your child nap? _____ or rest? _____

Medical:

Concerns or special care requirements: _____

Additional Information

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?

What else should we know about your child?

Please use the last page of this form or attach a separate sheet if you need more space

Who answered this questionnaire? _____

Our class roster may be distributed to current students' parents/guardians by request only. Knowing this, may we print your name, address, email and phone number in the class roster? Yes/No

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

Child's Name _____

Parent's Name(s) _____

How did you hear about Covenant Preschool? _____

Are you a church member? _____

Currently or formerly enrolled? _____

If so, when, and which program(s)? _____

FOR OFFICE USE ONLY:

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

Date Received: _____ Fees Received: _____

Check # _____ Confirmation Email Sent _____

Summer Email Sent: _____