

2016 – 2017  
Covenant Preschool Application  
2070 Ridgecliff Road, Columbus, OH 43221  
614-451-6677 EXT. 23; [preschool@covenantpcusa.org](mailto:preschool@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, 2016.** The last tuition payment is due Apr. 1, 2017. Children must be 3 years old by September 30<sup>th</sup>, 2016. 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) \$150 per month x 9 months (\$1350 total tuition)
- 3 days per week (M, W, F) \$190 per month x 9 months (\$1710 total tuition)
- 4 days per week (M, Tu, W, F) \$240 per month x 9 months (\$2160 total tuition)
- 4 days per week (M, Tu, W, F) \$240 per month x 9 months (\$2160 total tuition)
- 5 days per week (M, Tu, W, Th, F) \$290 per month x 9 months (\$2610 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 above \_\_\_\_\_  
Training or Profession (whether currently working or not): \_\_\_\_\_  
Current Occupation \_\_\_\_\_  
Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address if different from above \_\_\_\_\_  
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 working 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? \_\_\_\_\_

How much T.V. does he/she watch 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? \_\_\_\_\_

Food Allergies? \_\_\_\_\_

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

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?** \_\_\_\_\_

Our class roster is distributed only to the teachers and current student's parents. Knowing this, may we print your name, address, email and phone number in the class roster? 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: \_\_\_\_\_ Reg. /Supply Fee Received: \_\_\_\_\_

Check # \_\_\_\_\_ Confirmation Letter Sent \_\_\_\_\_

Summer Mailing Sent: \_\_\_\_\_