



SHEPHERD OF THE HILLS CHRISTIAN PRESCHOOL

School Year 2018-2019 Registration Form



527 Hoffmansville Road
Bechtelsville, PA 19505
610-754-6446 ext 29

preschool@soth.church
sothchristianpreschool.org

_____ Male Female
Child's Last Name First Name Middle Date of Birth (Circle one)

_____ Street Address City Zip Phone Email Address

_____ Father's Name Mother's Name

_____ Father's Cell phone Mother's Cell Phone

_____ Father's Occupation Mother's Occupation

_____ Best email to contact

_____ Emergency Contact Name / Relationship Phone

Marital Status (Circle one) Married Separated Divorced Single

If separated or divorced, who has custody of the child? _____

Sibling Information:

Name	Date of Birth (Month/Day/Year)
_____	_____
_____	_____
_____	_____

Attendance Requirements:

- All children must be 3 or 4 years old by September 1, 2018
- All children must be able to handle bathroom needs.
- Proof of immunization must be provided.

(over)

Family Physician

Phone

Physician's Office Address

Child's Previous School and/or Daycare Experience

Please list any allergies your child may have

Your Church Affiliation

School District in Which You Reside

****How did you learn about Shepherd of the Hills Christian Preschool?*****

Please indicate below which class you would like your child to attend:

_____ 3 Year Old (Tues/Thurs from 9:00 am to 12:00 pm) - \$118/Month (Must be 3 by 9/1/2018)

_____ Pre-Kindergarten (Mon/Wed/Fri from 9:00 am to 12:00pm) - \$168/Month (Must be 4 by 9/1/2018)

Permission Request:

During the school year, Shepherd of the Hills Christian Preschool classes may be taking several field trips. Please indicate your permission for your child's participation in these field trips by reading, checking, and signing the approval below. A car seat/booster seat must be provided by you the day of the trip.

_____ ***Yes, my child may participate in any and all Shepherd of the Hills Christian Preschool field trips. I understand that Shepherd of the Hills Christian Preschool will take all reasonable safety precautions and I will not hold them responsible in the event of accident or illness.***

Parent Signature

Date

Please Print Parent Name

*****Return this form with a nonrefundable \$45 Registration Fee. Please make checks payable to Shepherd of the Hills Church and mail to Shepherd of the Hills Christian Preschool, 527 Hoffmansville Road, Bechtelsville, PA 19505. *Only NEW families need to submit the registration fee.***

Recv'd _____ reg. fee # _____ Office use only: logged _____ conf. sent _____