



Preschool

Application for Admission

Child's Name _____ Birth date: ____/____/____

Home Address _____ Current Age: _____

(city) (state) (zip) (Primary Phone Number)

Mother's Name: _____ Home phone: _____

Home Address: _____ Cell: _____

Email Address: _____

Place of Employment: _____ Phone: _____

Occupation: _____

Father's Name: _____ Home phone: _____

Home Address: _____ Cell: _____

Place of Employment: _____ Phone: _____

Occupation: _____

Physical disabilities or limitations and/or unusual medical, allergy, or dietary information:

Please list other members of your household: (children, relatives, ect.)

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian

Date

<u>Class:</u> Age 3 - Tuesday and Thursday	9:00-11:30 AM
Age 4 - Monday, Wednesday, Friday	9:00-11:30 AM

Return to: Kristen Yoder
104 Applewood Lane
Dublin, Pa 18917

\$50.00 Registration fee due with application (subject to change for 2021-2022)

Please make check payable to: Deep Run East Preschool

Upon receipt of registration, release, and emergency forms, your child will be guaranteed a spot in the preschool class you have requested. You will receive information about Open House and other school news during the first week of August.

PHOTO RELEASE

☐ By checking off this box, I understand that pictures of my child(ren) taken during preschool may be used (with no names or other identifying information) on the Deep Run East Mennonite Church website (www.deepruneast.org) or other church publications and/or media.
I understand that I may contact the preschool Director if this is a concern.