



# Preschool & Pre-K

## Application for Admission

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Current Age: \_\_\_\_\_

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

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Mother's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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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, etc.)**

<b>Name</b>	<b>Age</b>	<b>Relationship to Child</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

<b><u>Class:</u> Preschool (Ages 3-4) Tuesday and Thursday</b>	<b>9:00-11:30 AM</b>
<b>Pre-K (Ages 4-5) Monday, Wednesday, Friday</b>	<b>9:00-11:30 AM</b>

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

**\$50.00 Registration fee due with application** (subject to change each fall.)

**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](http://www.deepruneast.org)) or other church publications and/or media.  
*I understand that I may contact the preschool Director if this is a concern.*