

**Application for Enrollment**  
**Philadelphia Presbyterian Church Weekday Kindergarten**  
**11501 Bain School Road**  
**Mint Hill, NC 28227**

(This application is not transferable.)

Application and treasurer's form with \$75 check may be mailed to the address above to the attention of Vicki Crossman. You may also bring the forms to the kindergarten office on Tuesdays or Thursdays from 9 AM to 1 PM.

**Age Groups: (Please circle the desired class.)**

3 yrs. - 3 day Mon./Wed./Fri.

3 yrs. - 2 days Tues./Thurs.

4 yrs. - 3 day Mon./Wed./Fri.

4 yrs. - 5 days Mon. - Fri.

5 yrs. - 5 day Mon. - Fri.

**Name:**

First Middle Last Gender: M/F  
Name child wishes to be called: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
MM/DD/Year

**Mothers Name:**

**Occupation:**

**Home Address:**

Street City zip  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Work Phone:**

**Work Address:**

Street City

**Fathers Name:**

**Occupation:**

**Home Address:**

Street City zip  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Work Phone:**

**Work Address:**

Street City

**Special Health Concerns: (Please list)**

**Ex: Food allergies, asthma, eczema, medications, nose bleeds, activities to avoid, etc.**

Emergency Contacts: Please list persons who may be notified when parents cannot be reached in case of emergency. Please be sure these persons have been notified that they are contacts.

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pediatrician**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Siblings:**

(List name, age, gender)

---

---

Other adults in the family: \_\_\_\_\_

Church Membership/Affiliation/Preference: \_\_\_\_\_

List name/kind of  
pet(s): \_\_\_\_\_

### Information about Your Child

Please answer the following questions regarding your child's characteristics, etc. If you have additional information that will help us, please continue writing at the bottom of this form.

Does your child dress him/herself and attend to his/her own personal needs (specifically bathroom)? Yes/No

Does your child have fears/anxieties? Yes/No If yes, please specify: \_\_\_\_\_

Does your child have a special characteristic/habit you wish the school to help change or strengthen?

Yes/No If yes, please specify: \_\_\_\_\_

Does your child have a special health condition about which we need to know? Yes/No

If yes, please specify: \_\_\_\_\_

Is there any other information you wish to share with us about your child? \_\_\_\_\_

I do hereby agree to conform to the policies established by the Philadelphia Presbyterian Church Weekday Kindergarten. My registration fee and Insurance fee accompany this application.

Signed/Date: \_\_\_\_\_

Please sign to indicate that you agree to a photo release for your child and you agree to having your address and phone number printed in the school roster.

Signed/Date: \_\_\_\_\_

\*By signing the photo release you have agreed to give Philadelphia Presbyterian Church Kindergarten the right to use and/or reproduce photographs, in a legal manner and for the internal or external promotional activities of Philadelphia Presbyterian Kindergarten. You also agree to allow your child's photograph to be published on the

Philadelphia Presbyterian Church Website. You further understand that by signing this release, you waive any and all present or future compensation rights to the use of the above stated materials(s).