

Children's Learning Ladder

4351 Old Wm. Penn Hwy., Murrysville, PA 15668
724-327-6844

PRELIMINARY REGISTRATION APPLICATION

Dear Parents,

This application represents a request for admission. It must be accompanied by an application fee of \$45.00. The application fee is non-refundable.

Name of Child _____

Address _____

Student's Date of Birth _____ Place of Birth _____

Mother's name (or legal guardian) _____

Mother's Home Address _____ Home phone _____

Mother's Business Address _____ Bus. Phone _____

Father's Name (or legal guardian) _____

Father's Home Address _____ Home Phone _____

Father's Business Address _____ Bus. Phone _____

Emergency Person (other than parent) _____ Phone _____

Address of Emergency person _____

Family Physician _____ Phone _____

Physician's Address _____

Date of Application _____ Starting Date _____

List any special medical or dietary information, allergies, medications, special conditions or disabilities:

Health Insurance: Agency's Name & Policy ID: (This information is required by the state)

Program Desired

(circle one)

Preschool – 24-36 months

Preschool – 3 yr. olds

PreK4

PreK5

Kindergarten

Transition

Before School / After School

Parent or Guardian Signature _____ Date _____

Days & Hours of the Week

(circle days, list hours)

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____