



Rocking Horse Preschool **REGISTRATION FORM**

registrar@rockinghorsepreschool.com

724-834-1940

2019-2020

Student First Name: _____ Last Name: _____

Name child goes by: _____

Date of Birth: _____ Age of child as of Sept 1, 2019: _____

Circle one: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ E-Mail: _____

School District: _____ Elementary School your child will attend: _____

Mother's Name: _____ Occupation: _____

Work phone number: _____ Mother's cell phone number: _____

Father's Name: _____ Occupation: _____

Work phone number: _____ Father's cell phone number: _____

Emergency Contact: _____ Phone Number: _____

Select class choice (Note, if class is full you may be put on a wait list):

Your child must be fully potty trained in order to attend class.

*3 year old class (Must be 3 by Sept 1, 2019) A.M.(TTh 9-11:30) _____ P.M.(TTh 12:30-3) _____

*4 year old class (Must be 4 by Sept 1, 2019) A.M.(MWF 9-11:30) _____ P.M.(MWF 12:30-3) _____

Please list any allergies: _____

____YES, I allow my child to be photographed for the pre-school DVD, Rocking Horse website, and pre-school projects.

I agree to absolve the church and the teachers/helpers of all financial responsibility in the case of injury or illness of my child.

Parent Signature _____ Date _____

Please return completed form and \$50.00 NON REFUNDABLE deposit to: 501 Fairfield Drive, Greensburg, PA 15601

How did you hear of our preschool?

Website _____ Friend (Name _____) Other: _____