



Rocking Horse Preschool REGISTRATION FORM

registrar@rockinghorsepreschool.com

724-834-1940

2024-2025

Student First Name: _____ Last Name: _____

Name child goes by: _____

Date of Birth: _____ Age of child as of Aug 15, 2024: _____

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: _____

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 class (Must be 3 by Aug 15, 2024) **\$155/mo.** A.M. (T Th 9-11:30) _____ P.M. (T Th 12:30-3) _____

*4-year class (Must be 4 by Aug 15, 2024) **\$180/mo.** A.M. (MWF 9-11:30) _____ P.M. (MWF 12:30-3) _____

Please list any allergies: _____

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, \$75.00 NON-REFUNDABLE registration / supply fee and one month of NON- REFUNDABLE tuition to: 501 Fairfield Drive, Greensburg, PA 15601. Checks can be made payable to Rocking Horse Preschool.

How did you hear of our preschool?

Website _____ Friend (Name _____) Other: _____