



Old Road Mennonite Church
5795 Old Philadelphia Pike • Gap, Pa • 17527
717-723-8616 • www.newlifecommunitypreschool.weebly.com

Registration Form 2024-2025

Child's Name & Nickname (if applicable): _____

Date of Birth: _____ Circle one: Male Female

Mother / Guardian: First Name: _____ Last Name: _____

Address: _____

Cell Phone: () _____ Home Phone: () _____

E-mail address: _____

Father / Guardian: First Name: _____ Last Name: _____

Address (if different): _____

Cell Phone: () _____ Home Phone: () _____

Email address (if different): _____

The child lives with (circle one):

Both parents Mom Dad Grandparents Other

Contact first (circle one): Mom Dad Other

Emergency Contact information:

Emergency Contact #1:

Name: _____ Relationship to Child: _____

Phone numbers: Cell: _____ Home: _____

Emergency Contact #2:

Name: _____ Relationship to Child: _____

Phone numbers: Cell: _____ Home: _____

Other people who are allowed to pick up your child:

Pick-up Person #1

Name: _____ Relationship to Child: _____

Phone numbers: Cell: _____ Home: _____

Pick-up Person #2

Name: _____ Relationship to Child: _____

Phone numbers: Cell: _____ Home: _____

Other persons in household (and their relationship to child, including siblings and ages):



Old Road Mennonite Church
5795 Old Philadelphia Pike • Gap, Pa • 17527
717-723-8616 • www.newlifecommunitypreschool.weebly.com

Child's name: _____

Medical Information:

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Preferred hospital in case of an emergency: _____

Does your child have any: (please check all that apply to your child and explain on line provided):

_____ Special Medical Needs _____

_____ Allergies _____

_____ Food Allergies: _____

Please list and explain any medication your child may need or use on a regular basis.

Please check each item, stating you have read and understood all statements and agree to abide by them.

_____ I hereby give my consent for the named child to be admitted to the designated New Life Community Preschool program. I understand that acceptance is at the discretion of the preschool. I will not hold any personnel associated with the designated preschool program liable for any injury whatsoever my child may sustain in the activities thereof. After New Life Community Preschool staff has made every attempt to contact a parent or guardian, I authorize New Life staff to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume all financial obligations connected therewith.

_____ If your child has a food allergy, parents / guardians must be willing to supply the child's snack. That snack will include a small food item and a drink. The snack should be in a labeled container and brought daily to preschool. Preschool will serve only the food items brought in by the parent/guardian to the child with a food allergy. In the event of a peanut allergy, the classroom will be kept free of peanuts and peanut products.

_____ Acting for myself and my child (ren) hereby indemnify and hold harmless the New Life Community Preschool (and its staff members) from any claim or liability for food allergy reactions related to my child(ren)'s consumption of food provided by the preschool.

Tuition Information

Three (3) days / week: Monday, Tuesday and Wednesday mornings from 9:00 am to 12:00 noon.

Cost is: \$160.00 a month.

- There is a \$40 non-refundable registration fee due at time of registration.
- Tuition is due on the 1st school day of each month.
- Tuition assistance is available for families in need. If you believe you may qualify for tuition assistance, please notify the preschool director by calling (717) 723-8616 and asking for a Tuition Assistance Request Form.
- In order to successfully register your child, please complete all pages of the registration packet and submit the \$40 registration fee.



Old Road Mennonite Church
5795 Old Philadelphia Pike • Gap, Pa • 17527
717-723-8616 • www.newlifecommunitypreschool.weebly.com

Additional Student Information

Does your child: (Circle One)

- | | | |
|---|-----------|------------|
| _____ Have any unusual fears? | Yes | No |
| _____ Prefer using their: | Left hand | Right hand |
| _____ Attend Sunday School? | Yes | No |
| _____ Have any known, diagnosed special needs? (ex. ADHD, Autism, Speech, etc.) | Yes | No |
| _____ Take any medications? | Yes | No |

If you answered yes to any of the above questions, please explain them below:

What interests does your child have? (hobbies, reading, etc.)

Please explain your child's preferred learning style: (visual, auditory, etc.)

Please list any additional information about your child that would be helpful to the teacher in caring for your child.



Old Road Mennonite Church
5795 Old Philadelphia Pike • Gap, Pa • 17527
717-723-8616 • www.newlifecommunitypreschool.weebly.com

Permission Signature Page

A. Photographs / Videotaping Policy

Occasionally, the preschool staff or approved visitors take pictures / video of the children. These pictures are used to publicize and promote New Life Community Preschool events or activities. Pictures may appear in local newspapers, brochures, or on our website. No additional notice will be given of picture-taking sessions. The following is for parental / guardian approval / release for photographs and videotaping. Please check only one of the following statements:

_____ I give permission for my child to be photographed or videotaped while at preschool or on preschool field trips for the purposes of promoting the preschool and its activities **in preschool and outside promotions**. (Examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses, newspapers, etc.)

_____ I give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for the purpose of promoting the preschool and its activities **in preschool only**. (Examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses, etc.)

_____ I **do not** give permission for my child to be photographed or videotaped while at preschool or on preschool field trips for the purpose of promoting the preschool and activities.

B. I give permission for our address and telephone numbers to be included in a preschool directory, should one be created. Please circle one: Yes No

C. I would like to receive the preschool newsletter as: _____ paper _____ e-mail

D. For your information: We follow Pequea Valley School District as far as snow delays or closings. If Pequea Valley is delayed 2 hours or is closed, we will close. If they are on a 1 hour delay, we will open at 10:00 am. For emergency cancellations, such as no heat / electric, we will either call you or send an email stating the emergency and what may be happening because of it.

Parent / Guardian Support Contract

I have read and understand the guidelines and policies set forth in the New Life Community Preschool Handbook, specifically, but not limited to, the following. Additionally, I agree to follow said guidelines and policies and to instruct my child to do the same.

- I will make sure my child is on time for school and will be picked up on time as well.
- I will attend all parent meetings and school programs.
- I will pay my child's tuition on time (which is the first school day of each month).
- I hereby authorize New Life Community Preschool to employ such discipline as is deemed wise for my child, according to the established discipline policy in the handbook.

Signature of parent / guardian

Date