

Crafton United Presbyterian Church  
Pre-school

80 Bradford Avenue, Crafton, PA 15205

412-921-2293

Email: [craftonup@yahoo.com](mailto:craftonup@yahoo.com) website: [craftonup.com](http://craftonup.com)

REGISTRATION

2012-2013

PROGRAM FOR WHICH YOU ARE REGISTERING: 3-YR OLD: \_\_\_\_\_ 4-YR Old: \_\_\_\_\_

*\*Please remember that children must be of age by August 31<sup>st</sup> and must be toilet trained.*

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD'S NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street No. + Name) (City) (Zip Code)

HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

Work/cell phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

I give my permission my child to have his/her picture taken during class activities: \_\_\_ Yes \_\_\_ No

Names and ages of siblings: \_\_\_\_\_

Family pets: \_\_\_\_\_

Activities your child enjoys: \_\_\_\_\_

Other special family/friends: \_\_\_\_\_

Non-refundable Registration fee: 3-yr. Old: \$ 50 / 4-yr. Old: \$ 50

Checks should be made payable to: Crafton U.P. Church Preschool

Please return this form and your registration fee to the church office.

Your child's place is guaranteed only upon receipt of the registration fee.

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FOR OFFICE USE – Registration: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Amount: \_\_\_\_\_

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Dear Parent:

Thank you for your interest in our preschool program.

The purpose of our preschool is to give children an early learning experience with a Christian emphasis. Children will learn how God interacts with us and the world around us. We pray on a daily basis and stories of God's creation and the teachings of Jesus are regular features of the program.

Curriculum is based on the developmental levels of the children enrolled. This means that teachers continually observe children throughout the day to gauge growth and maturity. They then plan activities and changes in the program based on the children's readiness to meet new challenges.

It is universally accepted that children learn through play. Therefore, play experiences are part of the school experience and are used to help children construct knowledge.

The classroom atmosphere is designed to encourage children's use of language, relationships with other children and teachers, and problem solving.

Children learn how to be a member of a group (sharing, turn-taking, patience) and develop a sense of independence as they learn new skills that relate to the traditional school experience (colors, shapes, etc.).

Our Pre-School operates both a 3-yr old program, and a 4-yr old program. Children must be of age by August 31<sup>st</sup> and are required to be toilet trained.

A Registration Form is enclosed. If you would like to enroll your child for the upcoming year, please send in your completed registration form, along with the appropriate registration fee as soon as possible. **Your child's place is guaranteed only upon receipt of the registration fee.**

Please feel free to contact the church office with any registration questions. We will be mailing additional information to you once enrollment has been established. We look forward to serving your family.

For His children,

Cathy Schulz  
Pre-School Registrar

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### **Class Information and Fee Schedule**

**3-Yr Old Program:** Classes meet on Tuesday and Thursday (9:00 am - 11:30 am)  
Tuition is \$75 per month, plus \$55 non-refundable registration fee.

**4-Yr Old Program:** Classes meet on Monday, Wednesday, Friday (9:00 am - 11:30 am)  
Tuition is \$105 per month, plus \$75 non-refundable registration fee.

**Tuition payments are due by the 1<sup>st</sup> of each month beginning  
September 1 through April 1 (8 monthly payments).**

**After the 10<sup>th</sup>, a \$10 late fee will apply.**

CRAFTON UNITED PRESBYTERIAN CHURCH  
PRESCHOOL

80 Bradford Avenue, Pittsburgh, PA 15205  
412-921-2293

Email: craftonup@yahoo.com Website: craftonup.com

**HEALTH HISTORY**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
Street No. and Name City Zip Code

Home Telephone \_\_\_\_\_

\_\_\_\_\_  
Father's Name Mother's Name

\_\_\_\_\_  
Employer Employer

\_\_\_\_\_  
Work / Cell Phone Work / Cell Phone

\_\_\_\_\_  
Name of Child's Physician Date of your child's last physical exam

\_\_\_\_\_  
Physician's Address Immunizations up to date? Yes No

\_\_\_\_\_  
Physician's Telephone No.

Does your child have any allergies? If yes, please specify

\_\_\_\_\_

List any medications child is presently taking:

\_\_\_\_\_

List any illness or health problems you, or your physician, feel we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_