## GENTLE RAIN PRESCHOOL OF ZION BLUE MOUNTAIN UCC PRE - K 2023-2024 SCHOOL YEAR

all information is confidential



Child's first name	middle initial	last name			
Gender					
	Child's Birth Date	<del>)</del>	Age a	s of Sept 1st	
Mailing Address (if different	rent than physical address)				
Primary Phone Number	 er				
Parent 1 name	phone numb		email	address	
Parent 2 name	phone numb	oer	email	address	
Any concerns we sho	uld be made aware of? ex	: recent death	ı, divorce,	new baby, pfa, medical condition	
All chi	ildren attending the Pr before the	e-K class mu			
•	eferred PRE-K class. (1 arents are responsible for pa			ng Kindergarten next year) All Pre- for their child.	K
☐ Monday – Friday (\$525 per month)		□Ide	☐ I desire early drop off		
☐ Monday/Wednesday/Friday (\$350 per month)		☐ I desire late pick up			
☐ Tuesday/Thursday	(\$260 per month)				
	There wil	l be a \$10 per	r hour ch	arge for early drop off or late pic	k up
Date Received:	– Please attach	\$35.00 non-		Send completed applications to:	
Cash or Check #	refundable reg			GENTLE RAIN PRESCHOOL PO Box 98	
Initial	GENTLE RAIN	-		Strausstown PA 19559	

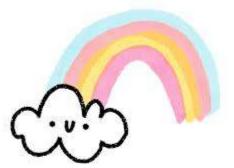
# Student Medical Record

### CHILD IMMUNIZATION RECORDS ARE REQUIRED AT TIME OF REGISTRATION.

#### ALL CHILDREN ATTENDING THE PRE-K CLASS MUST BE FULLY POTTY TRAINED BEFORE THE FIRST DAY OF SCHOOL.

Child's Name		
Parent 1's cell phone number	work phone number	
Parent 2's cell phone number	work phone number	
Please explain any restrictions or lim	itations affecting participation in activities.	
Be specific		
Any allergies?		
Be specific	EpiPen required	
Physician:		
Phone:		
Please list any medications your child	d is taking:	
an emergency where such action is a and I shall bear financial responsibilit	hool to call an ambulance to take my child directly to the hospital deemed urgently advisable and my child's doctor cannot be ready for above stated treatment.  act us in the event of an emergency, we would like that one of the	ched
Name	Telephone	
Name	Telephone	
• •	ble persons who have transportation and are available during you omeone your child knows well and who can be called upon in an hool and care for him/her.	
Signature of parent/guardian		

#### Child Release Form



# GENTLE RAIN PRESCHOOL PHOTO RELEASE FORM

I hereby grant permission to GENTLE RAIN PRESCHOOL to use photographs and/or video of my child in publications, news releases, online, and in other communications related to the mission of GENTLE RAIN PRESCHOOL OF ZION BLUE MOUNTAIN UCC.

Child's Name			
Signature of Pa	rent or Guardian		
	nt permission for photogra	aphs or video to be used of my child in pub	olications, news

GETTING TO KNOW					
	(Child's Name)				
Which hand does your child prefer to write v	with? LEFT-HAND	RIGHT-HAND	UNDECIDED		
List 3 things your child loves.					
1 2		3			
What is the preferred name your child uses	or answers to?				
Does your child have any limitations or hand	dicaps? YES	NO			
Please explain					
What school do your older children atten	nd? District and bu	ilding			
Besides parents, who lives in the household		relationships to yo			
Do you have any pets? If so, what kind and	what are their name	es?			
Would you be interested in volunteering dur					
Do you have any special talents (example pl	lavs an instrument c	or a career or spec	ial interest that		

Do you have any special talents (example plays an instrument or a career or special interest that you would like to share with the class?

If you have any individual concerns regarding your child's development, learning behaviors or require additional classroom assistance, please schedule a time to meet with the director and assistant director by calling 610-488-0509 or email preschoolgentlerain@gmail.com.

At Gentle Rain Preschool we encourage each child's Social – Emotional – Cognitive – Development in language skills, physical development in gross and fine motor skills, all while building the positive character of the students in Christian love.