

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

all information is confidential



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Child's first name \_\_\_\_\_ middle initial \_\_\_\_\_ last name \_\_\_\_\_

Gender \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Age as of Sept 1st \_\_\_\_\_

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Mailing Address (if different than physical address)

\_\_\_\_\_

Primary Phone Number

\_\_\_\_\_

Parent 1 name \_\_\_\_\_ phone number \_\_\_\_\_ email address \_\_\_\_\_

Parent 2 name \_\_\_\_\_ phone number \_\_\_\_\_ email address \_\_\_\_\_

Any concerns we should be made aware of? ex.: recent death, divorce, new baby, pfa, medical condition

\_\_\_\_\_

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**All children attending the Pre-K class must be FULLY potty trained before the first day of school.**

**Please CHECK preferred PRE-K class.** (This is for children entering Kindergarten next year) All Pre-K Classes are full days, parents are responsible for packing a nutritious lunch for their child.

- Monday – Friday (\$525 per month)
- Monday/Wednesday/Friday (\$350 per month)
- Tuesday/Thursday (\$260 per month)
- I desire early drop off
- I desire late pick up

**There will be a \$10 per hour charge for early drop off or late pick up**

Date Received: \_\_\_\_\_

Cash or Check # \_\_\_\_\_

Initial \_\_\_\_\_

Please attach \$35.00 non-refundable registration fee to application. Payable to:  
**GENTLE RAIN PRESCHOOL**

Send completed applications to:  
**GENTLE RAIN PRESCHOOL**  
**PO Box 98**  
**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 limitations affecting participation in activities.

Be specific \_\_\_\_\_

Any allergies? \_\_\_\_\_

Be specific \_\_\_\_\_ EpiPen required \_\_\_\_\_

Physician: \_\_\_\_\_

\_\_\_\_\_

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

Please list any medications your child is taking:

\_\_\_\_\_

I hereby authorize Gentle Rain Preschool to call an ambulance to take my child directly to the hospital in an emergency where such action is deemed urgently advisable and my child's doctor cannot be reached, and I shall bear financial responsibility for above stated treatment.

Should the school be unable to contact us in the event of an emergency, we would like that one of these two people be contacted:

\_\_\_\_\_

Name

Telephone

\_\_\_\_\_

Name

Telephone

Emergency contacts should be reliable persons who have transportation and are available during your child's class session. This must be someone your child knows well and who can be called upon in an emergency to pick up the child at school and care for him/her.

\_\_\_\_\_  
Signature of parent/guardian

# Child Release Form

Children will be released only to those persons you authorize. Please inform the office promptly of any change.

\_\_\_\_\_ will be transported to and from school by only the following people. (Please include the make and model of the car they drive)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

Is there anyone you do not want your child released to, please list their name and relationship;

\_\_\_\_\_

I understand I must inform the school in writing of any changes.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
date



## 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 Parent or Guardian

I do not grant permission for photographs or video to be used of my child in publications, news releases, online, and in other communications

# GETTING TO KNOW \_\_\_\_\_

(Child's Name)

Which hand does your child prefer to write 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 handicaps? YES NO

Please explain \_\_\_\_\_

What school do your older children attend? District and building

\_\_\_\_\_

Besides parents, who lives in the household and what are their relationships to your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets? If so, what kind and what are their names?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in volunteering during the school year? YES NO

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](mailto: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.