

Burgettstown Preschool Application

❖ Enrollment is Limited

❖ *Priority given to preschoolers currently enrolled.*

Please complete this form and return it to:

Burgettstown HS

104 Bavington Road, Burgettstown, PA 15021

\$80 each session/Make checks payable to Burgettstown HS

Second \$80 Payment is due in January or you may choose to pay for both sessions upon acceptance into the program.

General Information

Today's Date_____

Child's Name_____

Date of Birth_____

Preferred name/Nickname_____ Boy__ Girl__

Address_____

City_____

State_____ Zip_____

Best phone number to reach you: _____

Best Email Address: _____

Family Information:

Father's Name_____

Father's Address (if different from above address)_____

Phone Number(____)_____

email address_____

Mother's Name_____

Mother's Address (if different from above)_____

Phone Number(____)_____

email address_____

Other people living in household:

Name	Relationship	Age
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____

Please list any food or medication allergies:

None known

- I understand that I am responsible for sending in a daily snack for my child. ____yes (water will be provided)
- I understand that my child MUST be age 3 by September 1, 2023 to enroll. ____yes
- I understand that my child MUST be potty trained. ____yes

Please also send in a change of clothes that we will keep for emergencies.

Any concerns regarding hearing, vision, speech, development? If yes, please explain. _____

Is there anything we should know about your child that would help us to build a relationship with him or her and build a positive learning environment?

Please let us know if your child IS NOT permitted to have his or her photo published. _____

Parent/Guardian Name_ _____

Signature_____

Mrs. Bohley and the Child Development Classes of
Burgettstown High School

ebohley@burgettstown.k12.pa.us

(724) 947-8100 X5119