

Enrollment Date: _____
(do not fill in)



2024-2025 Registration Form

There are a limited number of registration spots available each year. Due to the nature of the program working in conjunction with our high school child development program/curriculum it is imperative that you plan to be present for both the fall and spring semesters. Absences are expected for illness, family emergencies, vacation, etc. However, absences in excess of 3 weeks could result in a forfeiture of your placement in our program without refund.

Registration fee, immunization record, and registration forms must be submitted together for your registration to be processed. Only paper copies of all forms will be accepted.

If your paperwork is dropped off at the district/high school office and/or mailed to me after June 1st (instead of being sent directly to me) please follow-up with an email to adull@pinerichland.org or text to 412-352-5502 to notify me. If you do not notify me via email your registration may not be processed correctly and if we are full you may not receive an email notifying you in a timely manner.

Tuition & Fees

Payment must be made by check or money order made payable to: Pine-Richland High School.

Registration Fee: There is a \$50.00 non-refundable registration fee per child that is required upon enrollment of your child to reserve your child's place in the program. Your child's place will not be guaranteed until the registration fee has been received.

Tuition for the Fall Session is \$200.00 and is due by September 1st.

Tuition for the Spring Session is \$200.00 and is due by January 1st.

Arrangements can be made for payment plans on an individual basis for families who may need—please reach out to April Dull if needed.

Tuition is based on enrollment (a reserved slot), there are no refunds for absences/missed days. On days that preschool is canceled by the teacher or district all efforts will be made to reschedule a make-up date but is not guaranteed.

Payment must be made by check made payable to: Pine-Richland High School (not April Dull) and in the memo write Preschool Tuition.

Mail or drop off registration packets to the high school office: ATTN: April Dull, Pine-Richland High School, 700 Warrendale Road, Gibsonia, PA 15044.

Child's Name		Birthdate	
Gender		Address	

Please tell us a little about your child:

Parent/Guardian #1 Please select the parent that will be the main contact for emails, text, etc.

Full Name		Email Address	
Address <small>*if different from child*</small>		Cell Phone	
Place of work			

Parent/Guardian #2

Full Name		Email Address	
Address <small>*if different from child*</small>		Cell Phone	
Place of work		Do you wish to also receive email, text communications, etc. in addition to parent #1	Yes or No <small>-please indicate-</small>

Sibling Names and Ages

Please List Other Members Living in Household and Relationship with names child may refer to them as:

Play and experience with others

Does your child play alone?	Always or Often or Seldom
Has your child participated in any type of drop-off program in the past?	Yes or No
Please list any type of group experiences your child has participated in (ie. dance class, sunday school, day care etc.)	

Play Authorization

Please be informed that we engage in a variety of play both indoor and outdoor such as: nature walks, water & sensory table, outdoor time, bikes, scooters, roller skating, etc. Many precautions are taken to help keep children safe when participating including 1:1 child to high school buddy ratio, helmets, etc.

Health & Special Needs

Please provide information on anything we should know about your child's health and/or needs. (Separation anxiety, language delays, English as a second language, disabilities, concerns, allergies, food aversions, fears, etc.)

Development

Your child must be toilet trained, at what age did they accomplish this?	
How does he/she state they need to use the restroom?	
Does your child have frequent restroom accidents?	
Does your child have any particular fears?	
What foods are they allergic to or can not eat?	
What special holidays do they celebrate while school is in session? (October-May)	

Emergency Contacts

Minimum of 2 contacts, other than parents, to contact in case of emergency/authorized to pick up your child.

Contact #1

Name:	Relationship to child:
Cell phone:	Home or work phone:

Contact #2

Name:	Relationship to child:
Cell phone:	Home or work phone:

Child's Health Information and History

Health Plan:	Group #:
ID #:	Child Doctor & Phone:
Does your child have a medical, religious, or philosophical vaccination exemption? (will be required to submit exemption waiver before start of school)	
Does your child get colds/flu often?	
Does your child have any special needs or service plan?	
Please list any serious prior injuries.	
Does your child have any known allergies? If yes, what are they and what are your child's reactions:	
Does the child have any medical history or problems with which the school should be familiar? (Examples: diabetes, convulsive disorders, etc.)	
Does your child take any medication on a regular basis? If yes please list the name of the medication(s) and the medical condition for which it is taken.	
Does your child have any speech, hearing or visual problems?	
Has your child ever been tested for speech, hearing or visual problems?	

Please comment on any other medical information/or special need we should be aware of:

Medication and Emergency Care Authorization

I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, band-aids.	Yes or No <small>-please indicate-</small>
I authorize use of preventative supplies, such as baby wipes, hand lotion, etc.	Yes or No <small>-please indicate-</small>

April Dull and/or Pine-Richland staff members may obtain the following services for my child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Immunizations

Please mail a copy of your child’s immunization record. A copy of their immunizations from their pediatrician and/or immunization waiver must be provided before they may attend our program. This does not need to be turned in at the time of n. The following immunizations are required for attendance: **tetanus, diphtheria, acellular pertussis, measles, mumps, rubella, hepatitis B, poliovirus, and chickenpox.** For more information please see <https://www.health.pa.gov/topics/programs/immunizations/Pages/School.aspx>

Photo/Video Authorization

Photographs and videos are taken during class and on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you. I give permission to April Dull and the Pine-Richland High School Preschool Program to:

Take photos and videos that will be used: <i>in the classroom only or provided to parents as a remembrance of their child’s year (including other families in the program).</i>	Yes or *No <small>-please indicate-</small>
Take photos and videos that will be used: <i>on the Pine-Richland School District website, social media and/or PR FCS/Preschool social media pages.</i>	Yes or *No <small>-please indicate-</small>
Take photos and videos that will be used: <i>to be used on printed marketing materials (pamphlets, flyers, etc.)</i>	Yes or *No <small>-please indicate-</small>

**If you selected 'NO' to the three questions above regarding photo/video please also complete the photo/video opt-out form found here: <https://www.pinerichland.org/domain/52>*

Parent Signature

Please sign or type your name in the box below

	Date:
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