

NORTH ZION PRESCHOOL

5100 Brownsville Road Pittsburgh PA 15236

412-655-3343

412-884-7867

Please circle choice

3 yr. 2 days

3 days

4 yr. 4 days

5 yr. 4 days



Please return this form with a \$30.00 registration fee to the school or:
Kathleen Myers, 753 Frank Street, Pgh. PA 15227

CHILD'S NAME _____

NICKNAME _____

ADDRESS _____

ZIP CODE _____

HOME PHONE _____

SEX M F

BIRTHDATE _____

CELL PHONE _____

EMAIL _____

Father's Name _____ Mother's Name _____

Employer _____

Employer _____

Phone _____

Phone _____

IN CASE OF EMERGENCY:

Name _____

Phone _____

Physician _____

Phone _____

GENERAL INFORMATION:

Does child speak (English) clearly? Y N Left Right handed

Previous group experience? Y N Where? _____

Does your child have neighborhood playmates? Y N

Allergies? _____ Restrictions _____

Medical Issues _____ ie: medication that needs
administered, visiting therapist etc.

Family church affiliation _____ Sunday School Y N

One parent home (mother father) two parent home

Other children in the family _____

COMMENTS _____