

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 _____
