



310 E. Chestnut St., Coatesville PA 19320  
610-384-5828 • preschool@olivetumc.org

## REGISTRATION INFORMATION 2026-2027

Olivet Preschool registration is open for families for the 2026-2027 school year. A completed registration form must be accompanied by a registration fee for us to register your child in preschool.

### The monthly tuition fees for 2026-2027 school year is as follows:

<p><b>4-Year-Old Class:</b> \$275.00 4 days per week: Tues-Fri. 9:00am-12:00pm (up to 15 children per class) Must be 4 years old by the end of the school year</p>
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### CHECKLIST:

- The 3 forms below must be completed for registration:
  - Registration for 2026-2027
  - Student Information/General Information to help us know your child
  - Medical information
- Please include \$85.00 Registration fee (non-refundable) with the completed registration form to reserve the child's space.
- Please attach a copy of your child's immunization records. If not attached, they must be submitted before the first day class.



# STUDENT INFORMATION

PLEASE PRINT

Child's Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Nickname \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship and Name

Child under Custodial Care of:  Both Parents  Mother  Father  Other \_\_\_\_\_

Other Members of the Household:

\_\_\_\_\_  
Name Relationship Age

\_\_\_\_\_  
Name Relationship Age

## GENERAL INFORMATION TO HELP US KNOW YOUR CHILD

Does your child:

Have any unusual concerns or fears? \_\_\_\_\_

Need assistance with routine bathroom procedures? \_\_\_\_\_

Prefer using which hand?  Right  Left

Attend Church ?  Yes  No If yes, where? \_\_\_\_\_

Previous School Experience \_\_\_\_\_

Does your child have any known, diagnosed needs (ex. ADHD, Autism, Speech etc.)  Yes  No

If yes, please explain \_\_\_\_\_

Is your child currently receiving any services (Speech, OT, etc)  Yes  No

If yes, who is providing the service \_\_\_\_\_

Persons Authorized to Pick Up Child: \_\_\_\_\_  
Relationship and Name

\_\_\_\_\_  
Relationship and Name

\_\_\_\_\_  
Relationship and Name

# MEDICAL INFORMATION

PLEASE PRINT

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

## OTHER EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

If we are unable to reach contacts, do we have permission to have your child treated in an emergency? \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Allergies and or health concerns: \_\_\_\_\_

Dietary restrictions and reason \_\_\_\_\_

Medical conditions and/or current medications \_\_\_\_\_

Any condition that limits participation in certain activities \_\_\_\_\_

Child's current immunization record attached  Yes  No

I, \_\_\_\_\_, acting for myself and my child hereby indemnify and hold harmless the Olivet Preschool (and its staff members) from any claim or liability for food allergy reactions, related to my child's consumption of food provided by the Preschool.

\_\_\_\_\_  
Parent's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Director's Signature \_\_\_\_\_ Date \_\_\_\_\_