



# Application for Admission

## Child Information

Child's Full Name  
Date of Birth (month/day/year)  
Previous child care/preschool experience

## Family Information

### Household 1

Address (street, city, state, zip)  
Home Phone Number  
Child Lives in this Household Yes  No

### Parent/Guardian

Full Name  
Relationship to Child  
Cell Phone  
Email  
Occupation  
Employer  
Work Phone

### Spouse/Partner

Full Name  
Relationship to Child  
Cell Phone  
Email  
Occupation  
Employer  
Work Phone

Please let us know the best time and way to contact you

### Household 2 (if applicable)

Address (street, city, state, zip)  
Home Phone Number  
Child Lives in this Household Yes \_\_\_ No \_\_\_

### Parent/Guardian

Full Name  
Relationship to Child  
Cell Phone  
Email  
Occupation  
Employer  
Work Phone

### Spouse/Partner

Full Name  
Relationship to Child  
Cell Phone  
Email  
Occupation  
Employer  
Work Phone

## Siblings

Name(s), Age(s)

How did you hear about Arch Street Preschool?

- Arch Street Presbyterian Church  
 Flyer/postcard  
 Parent listserv \_\_\_\_\_

- Preschool signage  
 Website  
 Other:

**Program Preference**

Arch Street Preschool is open from 8:00 am to 6:00 pm year-round and offers a Toddler Program (2 1/2-4 years) and Pre-K Program (4-5 years).

**I wish my child to be enrolled in:**

Toddler Program (2 1/2-4 years)

Toddler Full Day: Mon-Fri

8:00 a.m. to 6:00 p.m.

Toddler Part Time Program:

Day(s): Mon  Tue  Wed  Thu  Fri

8:00 a.m. to 6:00 p.m.

8:00 a.m. to 12:00 p.m.

2:00 pm to 6:00 pm

Pre-K Program (4-5 years)

Pre-K Full Day Program:

Days: Monday-Friday

8:00 a.m. to 6:00 p.m.

Pre-K Part Time Program:

Day(s): Mon  Tue  Wed  Thu  Fri

8:00 a.m. to 6:00 p.m.

8:00 a.m. to 12:00 p.m.

2:00 pm to 6:00 pm

Do you intend to apply for financial aid?  Yes  No

If so, please notify the school office when you have contacted CCIS or completed the Parents' Financial Statement online.

Financial responsibility for applicant will be assumed by

**Additional Forms to Complete Application**

- Child Health Report with doctor's signature
- Emergency Contact/Parental Consent Form
- Medication Log
- Agreement
- Financial Aid Forms, if applicable

Parent/Guardian Signature

\_\_\_\_\_
Date

Please include a non-refundable application fee of \$50. Checks should be made payable to Arch Street Preschool. Please return to Arch Street Preschool Admissions, 1726 Arch Street, Philadelphia, PA 19103.

For Office: Date of Receipt of Application

Start Date