



Student's Name: \_\_\_\_\_

At Faith United Methodist Church  
261 W Chapel Ridge Rd Pittsburgh PA 15238 | 412-963-8824  
Denise Patricca, Co-Director [denise.patricca@foxhillpreschool.org](mailto:denise.patricca@foxhillpreschool.org)

**APPLICATION** Please submit this form with \$75 non-refundable application fee.

**Family Information**

Child's Name: \_\_\_\_\_ Age Sept. 1st: \_\_\_\_\_

Nickname: \_\_\_\_\_  Boy  Girl Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET (APT #)  
CITY STATE ZIP

Parent Guardian 1: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd phone: \_\_\_\_\_

Parent Guardian 2: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd phone: \_\_\_\_\_

How did you hear about Fox Hill Preschool? \_\_\_\_\_

**Emergency & Health Care Information**

The well-being of any child is a parental responsibility. In an emergency, every effort will be made to contact a parent/guardian. For the times when a parent/guardian is unavailable, please list three people who can arrange transportation and care for your child:

**Representative 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Representative 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Representative 3**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Medical conditions that the preschool needs to be aware of: \_\_\_\_\_

Asthma?  Yes  No Requires medication at school?  Yes  No

Severe bee sting reaction?  Yes  No Requires an Epi-Pen at school?  Yes  No

Other allergies (food, environmental)? \_\_\_\_\_ Other medical conditions? \_\_\_\_\_

Special needs or developmental issues/concerns (speech, hearing, vision, fine motor skills, gross motor skills, behavior): \_\_\_\_\_

**Immunization records must be turned in with application form**

Student's Name: \_\_\_\_\_

Can your child use the rest room: \_\_\_\_\_ **4s Independently** (with few accidents, handles clothing, washes hands), \_\_\_\_\_ **3s Proficiently** (with reminders and occasional help or accidents), or \_\_\_\_\_ **2s With assistance** (wears diaper and is working on toilet training)?

*These descriptions are guidelines to help with planning. In order to participate in Extended Day, Early Care and After Care, the child must be completely independent when using the restroom.*

Other information that may be helpful for the teachers:

\_\_\_\_\_  
\_\_\_\_\_

## GETTING TO KNOW ME...

I have \_\_\_\_ brothers. Their name(s) and age(s) are: \_\_\_\_\_ I

have \_\_\_\_ sisters. Their name(s) and age(s) are: \_\_\_\_\_

I have a pet \_\_\_\_\_ whose name is: \_\_\_\_\_

My Favorite foods: \_\_\_\_\_

My favorite activity is: \_\_\_\_\_

The toy that I most enjoy playing with is: \_\_\_\_\_

The sport I like the best is: \_\_\_\_\_

My favorite color is: \_\_\_\_\_

My favorite t.v. show or movie is: \_\_\_\_\_

Sometimes I'm afraid of: \_\_\_\_\_

I get sad when: \_\_\_\_\_

I might get angry when: \_\_\_\_\_

I might need help with: \_\_\_\_\_

Child's "words" for bathroom needs: \_\_\_\_\_

School district you reside in currently: \_\_\_\_\_

How did you learn about Fox Hill Preschool? \_\_\_\_\_

Please share any additional helpful information: \_\_\_\_\_

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### Media Release

I understand that my child will be photographed for craft/art activities or publicity/publication for Fox Hill Preschool.

Parent's /Guardian's initials: \_\_\_\_\_

Student's Name: \_\_\_\_\_



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## Preschool Day Program Options 2022–2023

Your Program		Please check the program option desired for your child	
	2s	Sept. – Dec. Tuesdays & Thursdays: 9 a.m. – 11:30 a.m. Jan. – May Tuesdays & Thursdays: 9 a.m. – Noon	\$2,899
	3s	Mondays & Wednesdays: 9 a.m. – 1:15 p.m. Friday: 9 a.m. – 11:45 a.m.	\$4,299
	4s	Mondays, Tuesdays, Wednesdays & Thursdays: 9 a.m. – 1:30 p.m. Fridays: 9 a.m. – Noon	\$5,899

## Extended Day Program Options\*

Students stay until 3 p.m. 3s may register up to 3 days/week (MWF), 4s may register up to 5 days/week

	1 Day/week	List day student will attend:	\$725
	2 Days/week	List days student will attend:	\$1,350
	3 Days/ Week	List days student will attend:	\$1,800
	4 Days/Week	List days student will attend:	\$2,150
	5 Days/Week	List days student will attend:	\$2,325

## Early Care Program Options\*

Students may be dropped off between 7–9 a.m.

3s may register up to 3 days/week (MWF), 4s may register up to 5 days/week.

	1 Day/week	List day student will attend:	\$725
	2 Days/week	List days student will attend:	\$1,350
	3 Days/ Week	List days student will attend:	\$1,800
	4 Days/Week	List days student will attend:	\$2,150
	5 Days/Week	List days student will attend:	\$2,325

Student's Name: \_\_\_\_\_

### After Care Program Options\*

Students may be picked up between 3–5 p.m.

3s may register up to 3 days/week (MWF), 4s may register up to 5 days/week.

	1 Day/week	List day student will attend:	\$725
	2 Days/week	List days student will attend:	\$1,350
	3 Days/ Week	List days student will attend:	\$1,800
	4 Days/Week	List days student will attend:	\$2,150
	5 Days/Week	List days student will attend:	\$2,325

**\*Programs will be offered subject to sufficient enrollment.**

#### Please select any discounts you would like the director to apply:

- 5% Early Registration by **March 31** (Requires \$75 application fee and 10% non-refundable tuition deposit.)
- Church Member (25%)
- Multi-child Discount (10%)

Please contact the co- director, Denise Patricca- [denise.patricca@foxhillpreschool.org](mailto:denise.patricca@foxhillpreschool.org) to learn if you qualify for a scholarship.

#### Payment Options:

- Plan A:** Payment in full by August 15th  
10% non-refundable deposit of full tuition choice (no surcharge)
- Plan B:** 2 installment payments due August 15th & January 15th  
10% non-refundable deposit of full tuition choice & 2 tuition payments (2% surcharge)
- Plan C:** 8 installments due the 15th of August thru March  
10% non-refundable deposit of full tuition choice & 8 tuition payments (5% surcharge)

#### FOR OFFICE USE ONLY

ACCEPTED \_\_\_\_\_

Application Fee received on \_\_\_\_\_ WAITLIST \_\_\_\_\_

Revised \_\_\_\_\_ Date: \_\_\_\_\_