



Student's Name: _____

At Faith United Methodist Church
261 West Chapel Ridge Road • Pittsburgh PA, 15238 • 412.963.8824
Denise Patricca, Director • Denise.Patricca@foxhillpreschool.org

APPLICATION

Please submit this form with \$50 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 1: _____

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 before the first day of school.

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: _____

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: _____



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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	\$2,699
	3s	Mondays & Wednesdays: 9 a.m. – 1:15 p.m. Friday: 9 a.m. – 11:45 a.m.	\$3,999
	4s	Mondays, Tuesdays, Wednesdays & Thursdays: 9 a.m. – 1:30 p.m. Fridays: 9 a.m. – Noon	\$5,499

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:	\$675
	2 Days/week	List days student will attend:	\$1,250
	3 Days/ Week	List days student will attend:	\$1,675
	4 Days/Week	List days student will attend:	\$2,000
	5 Days/Week	List days student will attend:	\$2,175

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:	\$675
	2 Days/week	List days student will attend:	\$1,250
	3 Days/ Week	List days student will attend:	\$1,675
	4 Days/Week	List days student will attend:	\$2,000
	5 Days/Week	List days student will attend:	\$2,175

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:	\$675
	2 Days/week	List days student will attend:	\$1,250
	3 Days/ Week	List days student will attend:	\$1,675
	4 Days/Week	List days student will attend:	\$2,000
	5 Days/Week	List days student will attend:	\$2,175

*Programs will be offered subject to sufficient enrollment.

Student's Name: _____

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

- 5% Early Registration by April 1 (*Requires \$50 application fee and 10% non-refundable tuition deposit.*)
- Church Member (25%)
- Multi-child Discount (10%)

Please contact the director 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

Application Fee received on _____

ACCEPTED _____

WAITLIST _____