

**SOUTH CANONSBURG CHURCH
RAINBOWLAND PRESCHOOL
12 SOUTH CENTRAL AVENUE
CANONSBURG, PA 15317**

(724) 745-7438, Ext. 5

2024-25 yr.

REGISTRATION APPLICATION

*Fill out application and return to the above address along with the \$100.00 registration fee to cover administrative enrollment costs.
Deposit is non-refundable once submitted.*

S.T.A.R.S. Program: (4 Day Session-\$297.00) (M-T-W-F) AM **S.T.A.R.S.** Session (8:45-11:45) _____
Children should be 4-4 ½ by entrance date (M-T-W-F) PM **S.T.A.R.S.** Session (12:15-3:15) _____

Sunbeams Program: (3 Day Session-\$276.00) (M-W-F) AM **Sunbeams** Session (9:00-11:30) _____
Children must be 3 yrs. old entrance date (M-W-F) PM **Sunbeams** Session (12:30-3:00) _____

Honeybees Program: (2 day Session-\$245.00) (T-Th) **Honeybees** Session (9:00-11:00) _____
Children must be 2 or 3 yrs. by entrance date (cannot be turning 3 ½-4 during school year)

CHILD'S NAME _____

BIRTHDATE _____

ADDRESS _____

CHECK ONE: Male Female

PARENTS/GUARDIANS: (If it is the same address as the child, just notate it as "Same")

FATHER: _____

MOTHER: _____

ADDRESS _____

ADDRESS _____

Primary PHONE _____

Primary PHONE _____

Other PHONE: _____

Other PHONE: _____

E-MAIL (Print Clearly) _____

E-MAIL (Print Clearly) _____

List other members in household, their relationship to your child and the age.

EMERGENCY CONTACT INFO

CONTACT PERSON #1 : _____

CONTACT PERSON #2: _____

Relationship to child: _____

Relationship to child: _____

ADDRESS _____

ADDRESS _____

PHONE: _____

PHONE: _____

DATE Application Submitted: _____ CURRENT AGE OF CHILD: _____ Yr. _____ Mo.

PARENT SIGNATURE _____

PRESCHOOL USE ONLY: Date received: _____ Reg. Fee-Amt. _____ Ck./Rct. # _____ Staff _____

Discount: Sibling (\$20.00); Military (\$20.00); Ministerial (\$20.00); Multiples (Twins, Triplet, etc. \$29.00 each); Referral (\$75.00); Name: _____