

APPLICATION FOR FOX HILL PRESCHOOL

A community ministry of
Faith United Methodist Church
261 W. Chapel Ridge Road • Pittsburgh, PA 15238
Diane Natali, Director • (412) 963-8824 FAX 412-963-8758
E-Mail: faithfoxchapel@verizon.net



Office: application/fee received on _____ Accepted _____ Waiting List _____

School Year: _____

For 2 year olds (by Sept. 1)

- Tuesday, Thursday
9:00-11:30AM
- Thursday until 1:15 PM
*(only in addition to Tues/
Thurs class)*

For 3 year olds (by Sept. 1)

- Monday, Wednesday, Friday
9:00-11:30 AM
(Monday until 1:15)
- Monday, Wednesday, Friday
9:00-11:30AM
(Wednesday until 1:15)

For 4 year olds (by Sept. 1)

- Monday through Friday
9:00 AM-12:00 PM
(Monday & Wednesday until 1:30 PM)
- Monday through Friday
9:00 AM-12:00 PM
(Tuesday & Thursday until 1:30 PM)

Please mark your first and second choices!

For your application to be processed please include your \$35.00 application fee with this form.

Name of Child _____ Date of Birth _____

Parent's Names _____ (please circle) Boy / Girl

Address _____ Zip Code _____

e-mail address _____

Phone Numbers: Home _____ Mother's Work _____ Father's Work _____

General, Medical and Emergency Information

Nick Name if any you would like the teachers to use during class time

How did you hear about us? _____

Please list any health concerns or allergies of which we should be aware

Please use this space for any other comments or concerns about your child

Doctor's Name _____

Phone _____

Please check here if your child's immunizations are up-to-date _____

Emergency Contacts and Cellular Phone Numbers

1. _____
2. _____
3. _____

Parent's Signature _____ Date _____

