



# PRINCE OF PEACE

## ADVENTURE ARK PLAYSCHOOL

Fees are non-refundable

### Office Use Only:

Application Fee \$35  
 Date Rec'd: \_\_\_\_\_  
 Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Venmo \_\_\_\_\_  
 Registration Fee (upon acceptance) \$125  
 Date Rec'd: \_\_\_\_\_  
 Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Venmo \_\_\_\_\_

## Adventure Ark Playschool Application

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_  
 (First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Age as of Sept 1<sup>st</sup>: \_\_\_\_\_

### Please check preferences for specific days and number of days:

Hours 9:00 a.m.-1:00 p.m.

\_\_\_\_\_ 1<sup>st</sup> choice: Monday/Wednesday 2<sup>nd</sup> choice: Tuesday/Thursday \_\_\_\_\_ extra days if available  
 \_\_\_\_\_ 1<sup>st</sup> choice: Tuesday/Thursday 2<sup>nd</sup> choice: Monday/Wednesday \_\_\_\_\_ extra days if available

Address: Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Other Children in the Family & their ages: \_\_\_\_\_  
 \_\_\_\_\_

Church Affiliation: \_\_\_\_\_  
 Member of Prince of Peace Church: \_\_\_\_\_ Yes or \_\_\_\_\_ No

Has your child had any contagious diseases, serious accidents, or operations? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please share any information about your child that may be helpful for your child's teacher \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Known Allergies: \_\_\_\_\_ Asthma: \_\_\_\_\_

Frequent Nose Bleeds: \_\_\_\_\_ Fevers: \_\_\_\_\_

Physical or Mental Problems: \_\_\_\_\_

Are there any physical reasons for your child not to participate in normal playschool activities? Y or N  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s), other than parents, we may call in case of emergency or illness:  
(Contacts must be within a 30-mile radius)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Person(s) who have permission to pick up your child from school:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be taken to the nearest emergency room  
for treatment should there be an emergency situation in which we are unable to reach either parent.

Parent Signature: \_\_\_\_\_

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