



**Berkeley Hills Preschool**  
 517 Sangree Road  
 Pittsburgh, PA 15237

# REGISTRATION FORM

DATE \_\_\_\_\_

CLASS \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

Child's name \_\_\_\_\_ Preferred name for name tag \_\_\_\_\_

Birthdate \_\_\_\_\_ M / F

Address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home phone \_\_\_\_\_

Father's name \_\_\_\_\_ Business phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Marital status \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Business phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Marital status \_\_\_\_\_

(currently or formerly)

Names, ages and birthdates of siblings \_\_\_\_\_

Previous school experience \_\_\_\_\_

How did you learn of our school \_\_\_\_\_

Do you have a special talent, skill or interest that you could share with the Preschool students? (Music, craft, baking, Parent Occupation, etc) \_\_\_\_\_

Please check if you have any interest in the following areas. If you have any questions concerning these topics, feel free to ask our Registrar.

\_\_\_\_\_ Assist in 4's computer readiness program

\_\_\_\_\_ Playground & Toy repair

\_\_\_\_\_ Assist with student cooking program

\_\_\_\_\_ Serving on our Preschool Board

**CHILD MUST BE FULLY TOILET TRAINED BY JULY 1. PLEASE NOTIFY REGISTRAR OF ANY PROBLEMS.**

Application forms and \$\_\_\_\_\_ (non-refundable) registration fee must be returned by \_\_\_\_\_

Please make checks payable to Berkeley Hills Preschool and submit along with the registration and health forms to the Registrar: **Mrs. Lynn Suto, 324 Nichols Rd, Pittsburgh, PA 15237**