

**Pre-Kindergarten Application**  
**2021 – 2022 School Year**  
Covenant Presbyterian Church  
2070 Ridgecliff Road, Columbus, OH 43221  
[childcenter@covenantpcusa.org](mailto:childcenter@covenantpcusa.org)  
614-451-6677 EXT. 23



**FEES** – A \$75 non-refundable application fee must be submitted to complete your application process.

**TUITION** – is calculated as an annual cost for the school year, divided into 9 monthly payments for ease of payment. The cost is approximately \$8.00 per hour. The Pre-K classes follow the Upper Arlington Schools calendar in closing for breaks and most teacher in-service days, however, the Pre-K classes will remain open on Oct. 15 and Nov. 2.

**PAYMENT** - may be made by check payable to **Covenant Presbyterian Church**, or by using Zelle. Please use Covenant’s special and secure email address for Zelle payments: **giving@covenantpcusa.org**. Enter the amount you wish to send AND include your child’s name on the memo line with a note that this is an application fee for the Children’s Center.

**ENROLLMENT CHOICES**

Days – Please indicate the number of days per week you would like your child to attend:

- 2 days per week (Tu, Th) 75 days per school year
- 3 days per week (M, W, F) 107 days per school year
- 5 days per week (M, Tu, W, Th, F) 182 days per school year

Times – Please indicate the hours you would like your child to attend:

- 8:15 am – 12:15 pm (AM Pre-K – 4 hrs)       8:15 am – 2:15 pm (AM Pre-K Plus – 6 hrs)
- 2:30 pm – 6:00 pm (PM Pre-K – 3.5 hrs)       12:30 pm – 6:00 pm (PM Pre-K Plus – 5.5 hrs)
- 8:15 am – 6:00 pm (Full day Pre-K – 9.75 hrs)

Child’s Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate (dd/mm/yr) \_\_\_\_\_

By what name should we call your child at school? \_\_\_\_\_

Address \_\_\_\_\_

Do you plan to send your child to kindergarten in August of 2022? Yes or No

Comments: \_\_\_\_\_

**Parent/Guardian Information (please include all parents and guardians, use an extra page if needed)**

Name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Training or Profession (whether currently working or not) \_\_\_\_\_

Current Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Training or Profession (whether currently working or not) \_\_\_\_\_

Current Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Who cares for the child during weekdays if not in school? \_\_\_\_\_

Thank you for taking the time to complete the information below. The information you enter will help us to better understand and meet your child's needs. The information will be confidential and will only be used by our school staff.

**Family Life**

Parents' Marital Status: \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Other

Others living in the child's home:

Name	Age (N/A for adults)	Grade (if applicable)	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use the last page of this form or attach a separate sheet if you need more space.

Family religious preference or affiliation: \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Has your child been informed? \_\_\_\_\_

**Developmental History**

Eating:

Appetite \_\_\_\_\_ Problems? \_\_\_\_\_

Food allergies \_\_\_\_\_

Dietary restrictions for religious or other reasons \_\_\_\_\_

Sleeping:

Does your child sleep well? \_\_\_\_\_ About how many hours at night? \_\_\_\_\_

Does your child nap or rest during the day? \_\_\_\_\_

If yes, when and how long? \_\_\_\_\_

Medical:

Concerns or special care requirements: \_\_\_\_\_

## Social Behavior

How does your child get along with adults? \_\_\_\_\_

Does your child play with other children? \_\_\_\_\_

Is sharing and taking turns difficult? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

Does your child like quiet, or more active play? \_\_\_\_\_

Does your family have any pets? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Will your child be attending any other school such as ballet class, Sunday school, etc. this year? \_\_\_\_\_

What previous group experience has your child had and what was your child's reaction? \_\_\_\_\_

What are your child's favorite T.V. programs/videos? \_\_\_\_\_

Do you limit your child's daily screen time? \_\_\_\_\_ If so, what is your usual limit? \_\_\_\_\_

How do you usually discipline your child? \_\_\_\_\_

How does your child respond to babysitters? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

## Additional Information

Has there been an unduly stressful situation which has occurred in your life that you would like to share with us? \_\_\_\_\_

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How has your child reacted to it? \_\_\_\_\_

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What are your expectations for how Preschool or Pre-K classes can benefit your child?

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What else should we know about your child?

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Please use the last page of this form or attach a separate sheet if you need more space.

How did you hear about Covenant Children's Center? \_\_\_\_\_

Are you a church member? \_\_\_\_\_

Does this child have siblings who are currently or were previously enrolled? \_\_\_\_\_

If so, when, and which program(s)? \_\_\_\_\_

Who completed this application? \_\_\_\_\_

Signature (a typed signature is acceptable): \_\_\_\_\_

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