

**PRESCHOOL/DAYCARE APPLICATION**

**CRAWFORD CHRISTIAN ACADEMY**

543 Randolph Street  
Meadville, PA 16335  
(814) 724-6606 ext.5  
**Registration 2022-2023**

Office Use:

Date Received \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Bookkeeper \_\_\_\_\_  
Secretary \_\_\_\_\_

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**\*\*PLEASE FILL IN EACH TIME SLOT THAT YOUR CHILD WILL BE HERE\*\***

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

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**GENERAL INFORMATION**

Child's Name \_\_\_\_\_  
(Name you wish to be on name tag) \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_

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

Present Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Brothers & Sisters:

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FATHER'S INFORMATION**

**Family e-mail Address:**

Name: \_\_\_\_\_

Address (if different than above)  
\_\_\_\_\_

\_\_\_\_\_

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**MOTHER'S INFORMATION**

Name: \_\_\_\_\_

Address (if different than above)

\_\_\_\_\_

\_\_\_\_\_

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**PREVIOUS DAYCARE ATTENDANCE**

Please list the name, address and phone number of any Daycare or Preschools your child may have attended.

**NAME**

**ADDRESS**

**PHONE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give my permission to CCA to contact previous Daycares if the need arises. \_\_\_\_\_ int.

In making this application, I understand that my cooperation is expected in the following: regular payments for services rendered, practical help, and support of the procedures and disciplines of the school. I further understand that the academy reserves the right to dismiss any student who does not respond and cooperate with the CCA educational and training goals.

### Pre-School Family and Emergency Information

\_\_\_\_\_

Student's Name (Last, First) \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_

CITY, STATE, ZIP

\_\_\_\_\_

HOME PHONE

**Mother's Information:**  
 Name: \_\_\_\_\_  
 Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's Information:**  
 Name: \_\_\_\_\_  
 Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency or if at any time I am unable to pick up my child, I give permission to the following people to be contacted and/or to pick up my child.

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_  
 3. \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergic to medication	yes _____ no _____	Type: _____
Allergic to foods	yes _____ no _____	Type: _____
Takes medication	yes _____ no _____	Type: _____
Any other Allergies	yes _____ no _____	Type: _____
Diabetic	yes _____ no _____	Insulin type: _____
		Dosage: _____

Last tetanus shot date \_\_\_\_\_

Please alert the preschool staff of any other physical situation, condition, or handicap that we should be aware of to assist them medically.

TD 2/3/22

### STUDENT QUESTIONNAIRE

1. Is your child **fully potty-trained** and able to use the bathroom independently?

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2. Does your child have a history of a **chronic physical condition, emotional condition, or learning disability** which would require special attention at Crawford Christian Academy Preschool? \_\_\_\_\_

If yes, please explain and include copies of all necessary reports:

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3. Has your child had a history of ear infections or hearing difficulty? \_\_\_\_\_

If yes, please explain:

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4. Please comment on any area that you or school personnel have observed in your child:  
Difficulty following simple instructions:

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Exhibits aggressive behavior:

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Difficulty speaking and communicating clearly:

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Tantrums/ Uncontrollability:

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5. How did you hear about CCA Preschool?

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Thank you for your help in these areas!

TD 2/3/22

**CRAWFORD CHRISTIAN ACADEMY PRESCHOOL/DAYCARE  
FINANCIAL INFORMATION  
2022-2023**

**Registration per Child:**

**\$85.00- if paid by June 30th**

**\$95.00- after June 30<sup>th</sup>**

**HOURLY RATES:**

<b>First Child</b>	<b>\$4.25 per hour</b>
<b>Additional Children</b>	<b>\$3.28 per hour</b>

**NOTE:** If your child is absent; you will still be charged for your contracted days. You will be only charged for the Preschool teaching hours of service. (8:15 -11:30)

**NOTE:** Accounts will be billed weekly. Invoices will be placed in your child cubby weekly. Statements will be mailed out once a month, if there is a balance on your account. Excessive non payments could result in the child(ren) being withheld from attendance.

**Parent/Guardian Agreement:**

**We(I) understand the investment in our child/children's education, and are committed to meeting our above obligation to Crawford Christian Academy. We also agree to abide by the financial policies outlined above.**

\_\_\_\_\_  
**Father or Guardian**

\_\_\_\_\_  
**Mother or Co-Guardian**

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

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

**Director's Signature** \_\_\_\_\_

- **After School Care. (\$4.25 PER MIN. Will BE CHARGED AFTER 5:30PM)**