

PRESCHOOL/DAYCARE APPLICATION  
CRAWFORD CHRISTIAN ACADEMY

543 Randolph Street  
Meadville, PA 16335  
(814) 724-6606 ext.5  
Registration 2023-2024

Office Use:  
Date Received \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Pre-K \_\_\_\_\_  
Admin \_\_\_\_\_

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

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

Please total up your weekly hours. The Preschool Director will review the hours and sign the agreement.

Weekly contracted hours: \_\_\_\_\_ Parent Int: \_\_\_\_\_

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FATHER'S INFORMATION**

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

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

**Family e-mail Address:**

\_\_\_\_\_

**MOTHER'S INFORMATION**

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

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

**PREVIOUS DAYCARE ATTENDANCE**

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

**NAME**

**ADDRESS**

**PHONE**

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.

**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!

**CRAWFORD CHRISTIAN ACADEMY PRESCHOOL/DAYCARE  
FINANCIAL INFORMATION  
2023-2024**

**Registration per Child:**

**\$85.00- if paid by June 30th  
\$95.00- after June 30th**

**HOURLY RATES:**

<b>First Child</b>	<b>\$4.45 per hour</b>
<b>Additional Children</b>	<b>\$3.45 per hour</b>

**NOTE:** If your child is absent; you will still be charged for your contracted hours and days

**NOTE:** If the Academy is closed you will not be charged for those days.

**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.

**Weekly contracted hours:** \_\_\_\_\_

**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. (\$4.45 PER MIN. Will BE CHARGED AFTER 5:30PM)**

TD 2/3/22