

PRESCHOOL APPLICATION

Date of Application _____

Pupil's Name _____ Telephone # _____

Date of Birth _____

Home Address _____ Zip Code _____

PROGRAM DESIRED (check one)

- Infant Parent Play Group (Infant - 2 years)
- Toddler Parent Play Group (2-3 years, 2 years by September 1st)
- Pre-School - 3 year old/Junior Group (3 years by September 1st) AM PM
- Pre-School - 4 year old/Senior Group (4 years by September 1st) AM PM

Mother's Name _____ Occupation _____

Address _____ Telephone # _____

Father's Name _____ Occupation _____

Address _____ Telephone # _____

All financial arrangements will be made between the director and family, and can be paid monthly. Arsenal Family and Children's Center does not discriminate in regards to race, religion, sex, or national origin.

Parent Signature

Please mail to: Arsenal Family and Children's Center
336 South Aiken Avenue
Pittsburgh , PA 15232

Submit registration form with: Copy of Childs Birth Certificate and a \$20.00 non-refundable registration fee