



Camp Hill Presbyterian Church Preschool
 101 North 23rd Street Camp Hill, PA 17011
www.chpcpreschool.org
 dtarnoci@thechpc.com or 717-761-6003
 Dana B. Tarnoci, Director

2024-2025 Preschool Application

Student's Name: _____

PROGRAMS OFFERED Please **NUMBER** your first and second choice. 

FIRST STEPS	Must be age 2 by 12/31/2024		
2 Days - \$125/month	Monday, Tuesday	9:15-11:15 AM	
	Wednesday, Thursday	9:15-11:15 AM	
BETWEENERS	Must be age 2½ by 9/01/2024		
2 Days - \$125/month	Monday, Tuesday	9:15-11:30 AM	
	Wednesday, Thursday	9:15-11:30 AM	
NEXT STEPS 3s	Must be age 3 by 9/01/2024 & must be potty trained		
3 Days - \$145/month	Monday, Tuesday, Wednesday	9:15-11:45 AM	
	Tuesday, Wednesday, Thursday	9:30-12:00 PM	
CONNECTORS - 3 and 4s	Combination class of 3 & 4 year olds, must be 3 by 9/01/24 & must be potty trained		
3 Days - \$145/month	Tuesday, Wednesday, Thursday	9:30-12:00 PM	
GREAT STEPS 3/4s	Older 3s & 4s, must be 4 by 12/31/2024 & must be potty trained		
4 Days - \$170/month	Tuesday, Wednesday, Thursday, Friday	9:15-11:45	
BIG STEPS 4s	Must be age 4 by 9/01/2024 & must be potty trained		
4 Days - \$170/month	Monday, Tuesday, Wednesday, Thursday	9:15-11:45 AM	
	Tuesday, Wednesday, Thursday, Friday	9:30-12:00 PM	
FUTURE STEPS 4/5s	Must be age 5 by 12/31/2024 & must be potty trained		
5 Days - \$190/month	Monday - Friday	9:30-12:00 PM	

- Every effort will be made to give you your first choice.
- A \$60 non-refundable registration fee per family is required upon registration to secure your child's enrollment. Payment may be made by cash, check or online.
- The first tuition payment for the 2024-25 school year must be made by July 1, 2024. If payment is not received, your child will not be guaranteed a place in our program.
- Please initial that you have read and understood the above statements. _____

CHPC Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Office Use Only Date Received: _____ Registration Fee: Yes/No Cash/Check/Online Allergies: Yes/No/Restrictions



Child's Full Name _____

Name you prefer your child be called _____

Name you want written in the class for recognition _____

Date of birth _____ Male _____ Female _____

Street Address _____

City, State, Zip _____

Parent/Guardian Name _____

Primary Phone _____ Secondary Phone _____

Email _____ Occupation/Business _____

Parent/Guardian Name _____

Primary Phone _____ Secondary Phone _____

Email _____ Occupation/Business _____

Name and ages of all siblings/step-siblings _____

Have any of your children been enrolled in the CHPC Preschool before? YES/NO

Teacher he/she had _____

Has your child been enrolled in any other preschool program/daycare? YES/NO

Name of program attended _____

In what school district do you reside? _____

What elementary school will your child attend? _____

HEALTH ASSESSMENT - It is the expectation of CHPC Preschool that each child receives annual physicals and is up to date on his/her vaccinations. Provide a copy of your child's immunization record at the start of the school year.

Is your child up to date with their vaccinations? YES/NO

Does your child receive annual physicals? YES/NO

Does your child have any physical condition or illness that requires ongoing supervision/treatment of a physician? If yes, please explain: _____

Is your child independently potty trained? YES/NO

If no, please explain: _____

Does your child have any special needs? YES/NO

If yes, please explain: _____

Does your child have an IEP? YES/NO

(If so, please provide a copy with this registration or email it to the director at dtarnoci@thechpc.com.)

If yes, what services is your child receiving? _____

Does your child have any allergies? YES/NO

If yes, please list allergies: _____

What is the severity/nature of the allergic reaction? _____

Are any medications prescribed for your child? YES/NO

If yes, please list _____

Please list any foods that you do not want your child to eat for religious or cultural reasons: _____

LANGUAGE SKILLS

Does your child speak English? YES/NO

If yes, what is the level of fluency? FLUENT/SOME BASIC WORDS (circle one)

Does your child understand English? YES/NO

If yes, what is the level of fluency? FLUENT/SOME BASIC WORDS (circle one)

What is the primary language spoken in the home? _____

Please list all other languages spoken in the home. _____

GENERAL INFORMATION

What are your child's favorite activities? _____

What is your child's favorite book/story? How often do you read to your child? _____

What are the major situations that require discipline? _____

What method do you use to discipline your child? _____

Do you have any specific concerns about your child or his/her development? YES/NO
If yes, please explain: _____

How many hours a week is your child away from his/her parents? _____

Who does he/she spend this time with? _____

ABOUT MY CHILD

Please write any other information you want to share, which would help us better understand your child. Please state briefly what you hope preschool will accomplish for your child.

How did you hear about CHPC Preschool?
_____ Internet _____ Facebook/Instagram _____ Signs _____ Other: _____

Referred by: _____

I confirm that the above information is accurate and current. I will notify CHPC Preschool of any changes in a timely manner.

Signature: _____ Date: _____

You will receive an email to confirm your registration. If you do not receive an email within two weeks of sending your form, please call or email the office. Official class placement emails will go out in August.