



Neffs UCC Preschool
 5550 Route 873, PO Box 66,
 Neffs, PA 18065
 Email preschool@unionucc.org
 Phone 610-767-5327 fax 610-767-7128

Enrollment Form
Please print clearly and complete both sides

Date: ___/___/___ Child's Date of Birth: ___/___/___ Sex: M F

Child's Name: _____

Home address: _____
 (Street) (City) (State) (Zip Code)

Home phone number (if applicable) _____ School District _____

Mother or Guardian	Father or Guardian
Name: _____	Name: _____
Address if different from child: _____ (Street) (City) (State) (Zip Code)	Address if different from child: _____ (Street) (City) (State) (Zip Code)
Occupation _____ Employer _____	Occupation _____ Employer _____
Work Phone _____ Cell phone _____	Work Phone _____ Cell phone _____
Email Address _____	Email Address _____

***Indicate the preferred phone number and email address you would like the school to use first.**

Child lives with (check all that apply):

Mother Father Both Grandparents Guardian Other: _____

Siblings			
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

One of my children previously attended Neffs UCC Preschool Yes No

Does your child have any special needs? Explain: _____

Does your child receive Early Intervention Services from the IU? Yes No

If yes, what services? Please include a copy of service agreement. Speech OT Behavioral

