

Date Received:

[Empty box for Date Received]

# Application for Admission

Year of Admission: \_\_\_\_\_

Child's Age on Admission Day: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Full Day Pre-K (4 and 5 Year Olds)

1/2 Day (3 Year Olds)

AM  PM

Child's Name (First/ Last): \_\_\_\_\_

Sex:  M  F

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

Phone Number/s: \_\_\_\_\_

Public School District: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

Allergies/ Medical Restrictions/ Learning Requirement:

\_\_\_\_\_

Parent is full-time Seton Hill Faculty/ staff

Sibling of previously enrolled student

Signature of Person Responsible for Payment

Date

**Return to:**

Maria Stone, Director  
Box 471, Seton Hill University  
Seton Hill Drive  
Greensburg, PA 15601-1599

**A non-refundable application fee of \$35 must accompany this application. Make checks payable to Seton Hill University.**