



Heritage Academy 2018/2019

A ministry of The Christian Church at Cogan Station
5904 Lycoming Creek Rd.
Cogan Station, PA 17728
Preschool Phone Number: 570-651-5724

*Child must be 2 to enter our 2 year program or
3 years old and potty trained to enroll in our 3 year program at Heritage Academy.*

Date of Application _____

****Please mail this completed application along
with a \$25 non-refundable fee to:
The Christian Church at Cogan Station
5904 Lycoming Creek Rd.
Cogan Station, PA 17728**

- 3 Day Program - \$130 per month
- 9-noon Tuesday through Thursday
- Extended Day Program \$175
- 9-1 Tuesday through Thursday

Student Information

Child's Full Name: _____ Nickname: _____ M ___ F ___

Address: _____ Birth Date : _____

City & Zip Code: _____ Home Phone Number: _____

General health conditions? _____

Known allergies and the reaction: _____

Any additional information or special needs of the child? _____

Any problems or concerns that will help us understand him/her better? _____

What other childcare experience has he/she had? _____

Is your child on a waiting list at another child care center/provider? _____

Does he/she play with other children outside the home? _____

Special Interest? _____

Siblings (Name and ages) _____

Church your family attends (if applicable)? _____

Mother or Legal Guardian's Information

Name _____ Relationship _____
Address _____ Home Phone _____
Place of Employment _____
Occupation _____ Work Phone _____
Email Address _____ Cell Phone _____

Father or Legal Guardian's Information

Name _____ Relationship _____
Address _____ Home Phone _____
Place of Employment _____
Occupation _____ Work Phone _____
Email Address _____ Cell Phone _____

Student's Mother and Father are (please circle)

Married Separated Divorced Not Married Widowed Remarried

If divorced or separated we require a copy of the custody file for your child's records. This will be kept confidential.

Emergency Contact Information

(If parents cannot be reached, the contact person and name as it appears on Driver's License)

Emergency Contact 1 _____ Relation _____ Phone _____

Emergency Contact 2 _____

Relation _____ Phone _____

Is your child up to date on immunizations? _____

PERSONS AUTHORIZED FOR PICK UP (Name as it appears on Driver's License)

The following people may pick up my child at Heritage Academy.

1. _____
2. _____
3. _____

By signing this application for enrollment of my child, I hereby agree to follow all guidelines, rules and regulations of Heritage Academy. I have answered all the above questions honestly and to the best of my ability.

Signature (Parent or Guardian)

Heritage Academy Program Options

Three Day Program -

Our three day program offers care on Tuesday, Wednesday and Thursdays from 9 AM to noon. The charge for this program is \$130 per month for nine months.

Extended Day Program -

Our extended day program allows children to stay until 1PM Tuesday, Wednesday and Thursdays. This allows the children to eat lunch in a school like setting and then gives them an extra half hour of free play. Children will need to bring a packed lunch for this option and it cost an additional \$45 per month.

Heritage Academy is contemplating expanding the hours to meet the needs of full-time working parents. While we do not have the staff to offer this yet please let us know if this is something you would be interested in by answering the following questions:

Are you interested in full day care: yes _____ or no _____

If so, what hours would you need: _____