

2018-19 PRESCHOOL APPLICATION

\$135.00 Non-refundable Application fee per Child

Off	fficial Use Only							
Date Pd: _								
Received:	\$							
Cash:	Ck#:		CC: _					

S	Γ	U	D	E١	N.	T	I	N	F	O	R	N	\A	T	Ί	0	1	1:

NAME:					
FIRST	MIDD	LE	LAST		
GENDER: MALE	FEMALE D (OB:			GSLC MEMBER: YES / N
ALLERGIES: YES / N	O If yes, plea	se specify:			
ADDRESS:					
HOME PHONE:					
WHICH PROGRA	M APF VOI	I DEGTSTED	TNG FOR2		
			ths and walking or	n or before Sept	tember 30. 2018
			old on or before S	•	
=		•		•	018 and potty trained
= '		•	4 years old on or b	•	, ,
	_		•	•	
5 FULL DAYS	LL/HALF DA	NYS ARE YO	O REGISTERI	ING FOR?	Please CIRCLE your specific day
3 FULL DAYS	Monday	Tuesday	Wednesday	Thursday	Friday
2 FULL DAYS	Monday	•	•	•	Friday
5 HALF DAYS	Monday	Tuesday	Wednesday	Thursday	rilday
3 HALF DAYS	Monday	Tuesday	Wednesday	Thursday	Friday
2 HALF DAYS	Monday	Tuesday	Wednesday	Thursday	Friday
How did you hear a Reason(s) for select		_			· _
DADENIT TNIEGOM	ATTONI				
PARENT INFORM MOTHER'S NAME: _ ADDRESS (If Different OCCUPATION:	·):				
CELL PHONE:	INI		WORK PHON	 JF:	
ADDRESS (If Different OCCUPATION:	·):				
PLACE OF EMPLOYME	ENT:		WORKSHOS		
FATHER'S EMAIL ADD	 RFSS:		WORK PHON	IE:	
i/ we submit this enro		ion, agreeing to	·	ies of Good Sar	maritan Christian Academy.
Parent/Guardian Signa					Date