



2019-20 PRESCHOOL APPLICATION

\$140.00 Non-refundable Application fee per Child

Official Use Only

Date Pd: _____

Received: \$ _____

Cash: ___ Ck#: ___ CC: ___

STUDENT INFORMATION:

NAME: _____
FIRST MIDDLE LAST

GENDER: MALE FEMALE DOB: _____ GS LC MEMBER: YES / NO

ALLERGIES: YES / NO If yes, please specify: _____

ADDRESS: _____

HOME PHONE: _____

NEW STUDENTS ONLY- PREVIOUS SCHOOL ATTENDED: _____

WHICH PROGRAM ARE YOU REGISTERING FOR?

- 1-year-old Program – student must be 12 months and *walking* on or before September 30, 2019
- 2-year-old Program – student must be 2 years old on or before September 30, 2019
- 3-year old Program – student must be 3 years old and *potty trained* on or before September 30, 2019
- Pre-K: 4-year-old Program – student must be 4 years old on or before September 30, 2019

HOW MANY FULL/HALF DAYS ARE YOU REGISTERING FOR? Please **CIRCLE** your specific days.

- 5 FULL DAYS
- 3 FULL DAYS Monday Tuesday Wednesday Thursday Friday
- 2 FULL DAYS Monday Tuesday Wednesday Thursday Friday
- 5 HALF DAYS
- 3 HALF DAYS Monday Tuesday Wednesday Thursday Friday
- 2 HALF DAYS Monday Tuesday Wednesday Thursday Friday

How did you hear about GSCA? Referral Website Internet Drive by
Reason(s) for selecting our school? Private Rates Location Faith based Staff

PARENT INFORMATION:

MOTHER'S NAME: _____

ADDRESS (If Different): _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

CELL PHONE: _____ WORK PHONE: _____

MOTHER'S EMAIL ADDRESS: _____

FATHER'S NAME: _____

ADDRESS (If Different): _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

CELL PHONE: _____ WORK PHONE: _____

FATHER'S EMAIL ADDRESS: _____

I/We submit this enrollment application, agreeing to the fees and policies of Good Samaritan Christian Academy.

Parent/Guardian Signature

Date