



2024-2025 PRESCHOOL APPLICATION

\$165.00 Non-refundable Application fee per Child
\$125.00 New student onetime Security Fee per child

Official Use Only

Date Pd: _____
Received: \$ _____
Cash: ___ Ck#: ___ CC: ___

STUDENT INFORMATION:

NAME: _____
FIRST MIDDLE LAST

GENDER: MALE FEMALE DOB: _____ GSLC 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 BY 8/1/2024 and *walking* BY FIRST DAY OF SCHOOL
- 2-year-old Program – student must be 2 years old on or before 8/1/2024
- 3-year-old Program – student must be 3 years old, and *potty trained* on or before 8/1/2024
- Pre-K: 4-year-old Program – student must be 4 years old on or before 8/1/2024

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 _____