

GREAT BEGINNINGS PRESCHOOL

at First Presbyterian Church

101 S. Decatur St, Strasburg PA 17579

APPLICATION FOR ADMISSION

Please print clearly

Date of Application _____

I am applying for _____ 2-yr-old class (Monday) _____ 2-yr-old class (Wednesday) _____ 2-yr-old class (Friday)

Parents may choose one or two of the above classes

_____ 3-yr-old A.M. class

_____ Pre-K MWF A.M. class

_____ Pre-K MWF P.M. class

_____ Pre-K TTh P.M. class

Name of Child: _____ Nickname: _____

Date of Birth: _____ Male _____ Female

Home Address: _____

Email: _____ Home Phone: _____

Father: _____ Cell phone: _____ Occupation: _____

Mother: _____ Cell phone: _____ Occupation: _____

Other Members of Household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does Child Need Help in: Dressing? _____ Undressing? _____ Eating? _____

Toilet? _____ Washing Hands? _____

(Three years & up must be toilet trained before the start of school)

Are there any medical problems or dietary information that requires special attention including the administering of medication? If yes, please specify:

Are you aware of any special learning needs of your child? (Circle) YES NO

If yes, please specify:

Would you be willing to help during the preschool hours?

Regularly _____ Occasionally _____ Not at all _____

Some of the information obtained on this application will be duplicated for a class list to be handed out to the students/parents for your child's class? Checking here gives the preschool permission to duplicate this information.

You MAY put this information on the class list _____

You MAY NOT put this information on the class list _____

Parent or Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

(Other than parents, in the event parents could not be reached)

Emergency Contact: _____ Relationship: _____

Home Number: _____ Work: _____ Cell: _____

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