

# Great Beginnings Preschool

at First Presbyterian Church  
101 S. Decatur St., Strasburg, PA

## Application for Admission 2024-25

*Please print clearly*

Date of application: \_\_\_\_\_

### I am interested in my child attending the:

- two-year-old program (9-11:30am) Mondays & Wednesdays with Brianna (\$630)
- two-year-old program (9-11:30am) Tuesdays & Thursdays with Amy (\$630)
- three-year-old program (Tuesday, Thursday) 9 - 11:30am (\$630)
- pre-K program (Monday, Wednesday, Friday) Morning - 9-11:30am (\$855)
- pre-K program (Monday, Wednesday, Friday) Afternoon - 12:30-3pm (\$855)

Name of child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Home address: \_\_\_\_\_

School District: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Caregiver's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Caregiver's number: \_\_\_\_\_

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Parent/Caregiver's number: \_\_\_\_\_

### Other members in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please specify if there any **medical** problems or dietary information that requires special attention, including food allergies or the administering of medication.

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Please specify if there any special **learning** problems or accommodations your child may require at preschool. This includes speech and language, motor skills, and any developmental concerns.

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Great Beginnings Preschool may hire parents to be classroom aides for the year. Please indicate your interest/availability in this position:

Yes       No       Possibly

**Please initial that you understand the following:**

\_\_\_\_\_ Application is not complete without a nonrefundable \$50 registration fee. Cash or check (made payable to **First Presbyterian Church of Strasburg.**)

\_\_\_\_\_ Completing this application does not guarantee enrollment. (Registration fee is returned if there is not an opening.)

\_\_\_\_\_ Children entering the three-year-old program or pre-K program must be toilet trained prior to the start of school. Independent toileting includes all dressing, wiping, and redressing needs.

\_\_\_\_\_ Classes can be cancelled if the minimum number of children per class is not met. Great Beginnings will notify impacted families as soon as possible. Registration fee is returned in that circumstance.

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Parent/Guardian signature

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Date

Please add [hreynolds@straspres.org](mailto:hreynolds@straspres.org) to your e-mail contact list so you can receive correspondence regarding this application and further relevant preschool information. Please also like our Facebook page to stay up to date with school announcements.

