

# Great Beginnings Preschool

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

## Application for Admission

*Please print clearly*

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

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

two-year-old program (9-11:30am) Mondays & Wednesdays (\$630)

~~two-year-old program (9-11:30am) Tuesdays & Thursdays (\$630)~~

~~two-year-old program (9-11:30am) Fridays (\$360)~~

three-year-old program (Tuesday, Thursday) 9 - 11:30am (\$585)

pre-K program (Monday, Wednesday, Friday) Morning - 9-11:30am (\$765)

pre-K program (Monday, Wednesday, Friday) Afternoon - 12:30-3pm (\$765)

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.

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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.**