



◆ Date of Application: \_\_\_\_\_

Director, Kimberley Dickerson  
**Preschool Application**

**\*Indicates required information**

**STUDENT'S INFORMATION**

**\*Child's Last Name:** \_\_\_\_\_ **\*Child's First Name:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_ **\*Gender (circle):** Male Female

◆ Sibling Name(s) and Age(s): \_\_\_\_\_  
\_\_\_\_\_

**\*With whom does the child reside? (circle):**  
Mother & Father      Mother      Father      other (please indicate) \_\_\_\_\_

**\*Special needs or concerns:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

**\*Father's Name:** \_\_\_\_\_ **\*Phone Number:** \_\_\_\_\_  
(home)

**\*Address:** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(work)

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*Mother's Name:** \_\_\_\_\_ **\*Phone Number:** \_\_\_\_\_  
(home)

**\*Address:** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(work)

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*Is there a divorce or custody situation that we should be aware of?** \_\_\_\_\_

**\*If yes, please explain:** \_\_\_\_\_

**\*Please list any other household situations that our staff should be aware of while working with your child:** \_\_\_\_\_  
\_\_\_\_\_

◆ How did you hear about our school: \_\_\_\_\_

◆ Church Affiliation: \_\_\_\_\_

**PHYSICAL DEVELOPMENT/HEALTH HISTORY:**

**\*Please indicate below any allergies or specific medical instructions:** \_\_\_\_\_

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**\*Is your child receiving any professionally prescribed treatment?** Yes      no

**\*If so, please explain:** \_\_\_\_\_

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**\*Please give any further information which you feel would better help us understand your child:** \_\_\_\_\_

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**\*Shows tendency toward (circle)**    right hand      left hand

**\*Language(s) spoken in the home?** \_\_\_\_\_

**\*Child's primary language:** \_\_\_\_\_

**\*What are your plans for your child for Kindergarten?** \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

**\*List any person to be contacted in the event of an emergency and none of the parents are able to be reached:**

**Note:** Please only use local contacts for pick-ups.

**\*Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*Physician:** \_\_\_\_\_ **\*Phone Number:** \_\_\_\_\_

## **CLASSES, TUITION AND FEES**

Registration fee: \$50.00

Classes will be filled on a first come basis.

**\*Please mark appropriate class time.**

\_\_\_\_\_ **Tuesday, Thursday (2 day)**

Morning Class: 9:00 – 11:30 a.m.

Age: 3 years old

\$115.00 / Month

(Children must be 3 by Nov 1st)

\_\_\_\_\_ **Monday, Wednesday, Friday (3 day)**

Morning Class: 9:00 – 11:30 a.m.

Age: 4 years old

\$135.00 / Month

(Children must be 4 by the end of September)

\_\_\_\_\_ **Monday, Wednesday, Friday**

**(3 day Pre-Kindergarten)**

Afternoon Class: 12:30 – 3:00 p.m.

Age: 4 & 5 years old

\$140.00 / Month

(Children must be 4 1/2 by the end of September)

\_\_\_\_\_ **Monday - Friday (5 day Junior Kindergarten)**

Morning Class: 9:00 - 12:00 p.m.

Age: 4 & 5 years old

\$240.00 / Month

(Children must be 4 1/2 by the end of September)

**FINANCIAL AGREEMENT AND REGISTRATION POLICY**

**FINANCIAL AGREEMENT**

We hereby agree to pay tuition. We understand that tuition is based on a full school calendar year and, for convenience, the tuition may be made in nine equal monthly payments. We are aware that **tuition is due the first of the month, one month in advance**. (i.e. payment for Sept. must be received by Aug. 1st) and **payments received after the 15th** of the month will incur a \$15 late fee. We realize that there are no refunds or credits for temporary absences due to personal vacations, illness and withdrawal.

**REGISTRATION POLICY**

A \$50.00 non-refundable registration fee is required with this application  
In order to secure placement for enrollment **A NON- REFUNDABLE First tuition payment is due no later than August 1.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Glad Tidings  
Assembly of God Church  
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