

GRACE CHRISTAIN PRESCHOOL/PREKINDERGARTEN APPLICATION

Student's Legal Name: _____ Nickname: _____

Birthdate: _____ Age: _____ girl or boy 3 days/ 4 yrs. old or 2 days/ 3 yrs. old

Address: _____ Home phone: _____

City: _____ PA Zip: _____ Email: _____

Home Church: _____ Pastor: _____

Church Address: _____ City: _____ Zip: _____

Legal Guardian: _____

Father's name: _____ Cell phone: _____

Address: _____

Occupation: _____ Place of Employment: _____ Business Phone: _____

Mother's name: _____ Cell phone: _____

Address: _____

Occupation: _____ Place of Employment: _____ Business Phone: _____

Student's siblings

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

The following persons have authorization to pick up student from school:

Name: _____ Relationship: _____ Name: _____ Relationship: _____

Name: _____ Relationship: _____ Name: _____ Relationship: _____

Does your child have playmates his/her age?



Please give any additional information that may help in understanding your child. (Habits, temperaments, special needs, etc.) Use back for additional information.

Medical concerns and/or diagnosis _____

Custody Arrangements? _____

GCS must have a copy of legal action if custody has been awarded by court action.

Has your child previously attended preschool? YES NO Where? _____

My child is up-to-date on all current immunizations. YES NO

If you are applying to GCS because of someone's direct personal reference and encouragement, please give us his/her name _____.

Grace Christian School welcomes all applicants who have a desire for a fundamental Christian education regardless of race, color, sex, or ethnic origin. GCS is not equipped to handle special needs children.

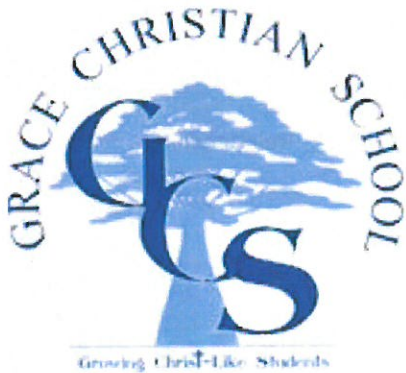
Please enclose \$20.00 nonrefundable application fee made payable to Grace Christian School and mail to:

215 Arthur Street

Kittanning, PA 16201

Questions can be directed to Darlene Edwards at dsegcs@yahoo.com

****Monthly tuition payments are due the first of each month** and a late fee of \$30 will be charged when payment is made after the 10th of the month. Exceptions to this may be made if unforeseen changes occur in a family's financial situation and written permission has been sought and received from the administrator. Even if such permission is given, a late fee of \$30 will be charged each month until payment has been made. **Payments over 30 days late will result in suspension of the student the first day of the following month until the account is brought up to date.**



FOR OFFICE USE ONLY

(Date the following)

School year _____

Application date received _____

Application fee received _____

Interview _____

Emer. Med. _____ Birth Cert. _____