

Great Expectations Preschool

Application 2024-2025

Child's Name _____ Nickname _____

Date of Birth _____ Age as of 9/2024 _____ Gender _____

Parent/Guardian _____ Phone _____

Address _____
(Street) (Town) (Zip)

Parent/Guardian _____ Phone _____

Address _____
(Street) (Town) (Zip)

E-mail Address _____

CHOICE OF PROGRAM: Please circle a first and second choice for days. A two or three day option should include a Monday and/or Friday. Program days are subject to availability.

_____ 2 mornings (8:30-12:30) 1) M T W TH F 2) M T W TH F

_____ 3 mornings (8:30-12:30) 1) M T W TH F 2) M T W TH F

_____ 4 mornings (8:30-12:30) 1) M T W TH F 2) M T W TH F

_____ 5 mornings (8:30-12:30) 1) M T W TH F 2) M T W TH F

_____ Early Birds (8:00-8:30) M T W TH F (circle days needed)

_____ Extended Day (12:30-3:00pm) M T W TH (circle days needed)

_____ Extended Day (12:30-4:00pm) M T W TH (circle days needed)

How did you hear about the school? _____

Have you visited the school? No _____ Yes _____ Date of visit _____

Please list siblings who attend or have attended Great Expectations: _____

A \$50.00 nonrefundable registration fee is required in order to process the application.

Applications are in effect for one school year.

Signature _____ Date _____

OFFICE USE ONLY

REC'D: _____ AFPD: _____ VISIT: _____ GROUP: _____