

# 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: \_\_\_\_\_