Great Expectations Preschool

Application 2027-2028

Child's Name_____Nickname_____

Date of Birth_____ Age as of 9/2027 _____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:_____