

THE CHRISTIAN SCHOOL OF GRACE BAPTIST CHURCH

777 West North Street, Carlisle, PA 17013

(717) 243-8820 • www.gbcsCarlisle.org



PRE-K APPLICATION

CHILD'S NAME: _____ **Boy | Girl**

(Last) (First) (Middle)

Birthdate: _____ Name you wish your child to be called: _____

Child's Primary Residence: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

MOTHER'S NAME: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ (if applicable)

Email Address: _____

FATHER'S NAME: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ (if applicable)

Email Address: _____

Family Church Affiliation: _____

Names and birthdates of other children in the home:

Other adults living with family (grandparents, etc.):

Has your child been enrolled in any other school program? _____

If so, what program _____

Is your child up-to-date on his/her vaccination schedule? yes | no

Is your child's health: Robust _____ Good _____ Fair _____ Poor _____

DOES YOUR CHILD HAVE ANY DISABILITY OR MEDICAL CONDITION THAT MAY REQUIRE SPECIAL SERVICES OR CARE? yes | no (Please explain in detail on back page.)

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? _____

IF SO, IS TREATMENT REQUIRED? _____

WILL MEDICATION NEED TO BE KEPT AT SCHOOL? _____

*We only dispense medication during school hours in emergency situations in response to symptoms - i.e. allergic reactions.

In comparison with age, is your child: small _____ average _____ large _____

Present weight: _____ height: _____

Please respond to the following.

1. Please share any information that would help us better understand your child:

2. State briefly what you hope pre-K will accomplish for your child:

3. Explain any disability or medical condition we should be aware of prior to the start of Pre-K(if applicable):

List any fears your child may have _____

Do you know the cause of these fears? _____

What are your child's favorite activities? _____

How often do you read to your child? _____

What methods do you use to discipline your child? _____

What are the major situations which require discipline? _____

How long has your family lived in your present home? _____

List any special talents or interests that you, as a parent, would like to share with your child's class: _____

Please list relatives who have a significant relationship with your child:

Is there a custody issue of which we should be aware? Please explain: _____

Please indicate who will drop off/pick up your child on a regular basis:

Dropping off: _____

Picking up: _____

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

***First month's tuition is due with application (\$150.00).
2% tuition discount if entire year's tuition is paid before August 1st. (\$1,470)***