



The Christian School of Grace Baptist Church  
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## 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:

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

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Has your child been enrolled in any other school program? **yes | no**

If so, which one \_\_\_\_\_

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

(Please include a copy of current immunizations with this application)

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?** \_\_\_\_\_

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**IF SO, IS TREATMENT REQUIRED?** \_\_\_\_\_

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**WILL MEDICATION NEED TO BE KEPT AT SCHOOL?** \_\_\_\_\_

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\*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? **yes | no**

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)*