



# Gaithersburg Presbyterian Preschool & Kindergarten

610 South Frederick Avenue · Gaithersburg, MD 20877 · 301-977-5787 · www.gppk.com

## 2017/2018 Application for Admission

I hereby request admission of my child to the following class/s (check all that apply):

Office Use:
Date: _____
Class: _____
Check #: _____
Amount: \$ _____

### Three Year Old Morning Classes - 2 or 3 day - Child Must Turn 3 by September 1, 2017

- Tuesday/Thursday \$158 (9-11:30am)     Optional Enrichment \$80 (11:30am-1pm)
- Wednesday/Friday \$158 (9-11:30am)     Optional Enrichment \$80 (11:30am-1pm)
- Tuesday/Wednesday/Friday \$210 (9-11:30am)     Optional W/F Enrichment \$80 (11:30-1pm)
- Optional Tues Enrichment \$40 (11:30am-1pm)

### Three's Plus - 3 day Afternoon Class – (Older 3s/Young 4s) Child Must Turn 3 by March 31, 2017

- Monday/Wednesday/Friday \$210 (12:15-2:45pm)
- Optional Wed/Fri Lunch Enrichment \$40 (11:30am-12:15pm)

### Four Year Old Pre-Kindergarten - 3 or 4 day class - Child Must Turn 4 By September 1, 2017

- Monday/Tuesday/Thursday \$308 (9am-1pm)
- \*Mon/Wed/Fri \$215 (9-11:30am)     Optional Wed/Fri Enrichment \$80 (11:30am-1pm)
- \*Optional 4<sup>th</sup> day - Thursday \$70 (9-11:30am)     Optional Thursday Enrichment \$40 (11:30am-1pm)
- \*Monday/Wednesday/Friday \$308 (9am-1pm)
- \*Optional 4<sup>th</sup> day - Thursday \$70 (9-11:30am)     Optional Thursday Enrichment \$40 (11:30am-1pm)

### Pre-Kindergarten Plus –Five Day Afternoon Class – (Older 4s/Young 5s) Child Must Turn 4 by 3/31/17

- Monday thru Friday \$310 (12:15-2:45pm)
- Optional T/Th Lunch Enrichment \$40     Optional W/F Lunch Enrichment \$40 (11:30am-12:15pm)

### Kindergarten - 4 Hour Class - Child Must Turn 5 by September 1, 2017

- Monday thru Friday \$375 (9am-1pm)

Child's Full Name \_\_\_\_\_ Name Used \_\_\_\_\_  
First Last If different from first name

Birth date (mo/day/yr) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents/Guardian (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Full Address \_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other

#### Mother's Contact Information

Cell Phone (Mom) \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### Father's Contact Information

Cell Phone (Dad) \_\_\_\_\_

Work Phone (Dad) \_\_\_\_\_

Information the teacher should know, (i.e., fears, language difficulties, receiving services for speech, OT etc.)?  
\_\_\_\_\_

#### PLEASE SPECIFY ANY FOOD ALLERGIES \_\_\_\_\_

(By indicating a food allergy above, parent MUST provide ALL snack/food/drink for their child)

**ALL May 2018 tuition and \$65 registration fee must be paid at registration and are not refundable.**

Teacher: To be completed at time of student withdrawal or at the end of the school year:

Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_

Days Absent \_\_\_\_\_ Initials \_\_\_\_\_

I certify that I understand there are **no refunds** and that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature