Gaithersburg Presbyterian Preschool & Kindergarten

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

2020/2021 Application for Admission

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

I hereby request admission of my child to the following class/es. All rates are per month:

Three Year Old Classes - 2 days - 2.5, 4 or 6 hours - Child Must Turn 3 by **September 1, 2020**

- ☐ Tuesday/Thursday 9-11:30am - $185
- ☐ Tuesday/Thursday 9am-1pm - $285 ☐ Enrichment Plus 1-3pm - $144
- ☐ Wednesday/Friday 9-11:30am - $185
- ☐ Wednesday/Friday 9am-1pm - $285 ☐ Enrichment Plus 1-3pm - $144

Three Year Old Class - 3 days – 4 or 6 hours - Child Must Turn 3 by **September 1, 2020**

- ☐ Mon/Wed/Fri 9am-1pm - $350 ☐ Enrichment Plus 1-3pm - $210

Four Year Old Pre-Kindergarten - 3 days - 2.5, 4 or 6 hours - Child Must Turn 4 by **Sept 1, 2020**

- ☐ Monday/Wednesday/Friday 9-11:30am - $275
- ☐ Monday/Wednesday/Friday 9am - 1pm - $350 ☐ Enrichment Plus 1-3pm - $210
- ☐ Monday/Tuesday/Thursday 9am - 1pm - $350 ☐ Enrichment Plus 1-3pm - $210

Four Year Old Pre-Kindergarten - 5 days – 4 or 6 hours - Child Must Turn 4 by **Sept 1, 2020**

- ☐ Monday thru Friday 9am-1pm - $430 ☐ Enrichment Plus 1-3pm $350
- ☐ E Plus 1 Day $72 ☐ E Plus 2 Days $144 ☐ E Plus 3 Days $210 ☐ E Plus 4 Days $280

State Approved Kindergarten - 4 or 6 hours - Child Must Turn 5 by **September 1, 2020**

- ☐ Monday thru Friday 9am-1pm $460 ☐ Enrichment Plus 1-3pm $350
- ☐ E Plus 1 Day $72 ☐ E Plus 2 Days $144 ☐ E Plus 3 Days $210 ☐ E Plus 4 Days $280

Child's Full Name_____ Name Used_____
First Last **If different from first name**

Birth date (mo/day/yr)_____ Age_____ Gender_____ 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)_____

Father's Contact Information

Cell Phone (Dad)_____

Work Phone (Dad)_____

E-Mail Address_____

Information teacher should know, i.e., fears, language difficulties, receiving services; speech, OT, PT, etc.?

_____

PLEASE SPECIFY ANY FOOD ALLERGIES _____

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

ALL May 2021 advanced tuition plus $85 registration fee must be paid at time of registration and are not refundable. ALL children must be toilet trained, no diapers or disposable pants.

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