



Gaithersburg Presbyterian Preschool & Kindergarten

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

2021/2022 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, 2021

- 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, 2021

- Monday/Wednesday/Friday 9am-1pm - \$350 Enrichment Plus 1-3pm - \$210
- E Plus 1 Day \$72 E Plus 2 Days \$144

Four Year Old Pre-Kindergarten - 3 days - 2.5, 4 or 6 hours - Child Must Turn 4 by Sept 1, 2021

- Monday/Wednesday/Friday 9-11:30am - \$275
- Monday/Wednesday/Friday 9am-1pm - \$350 Enrichment Plus 1-3pm - \$210
- E Plus 1 Day \$72 E Plus 2 Days \$144

Four Year Old Pre-Kindergarten Plus - 5 days/4 hours - Child Must Turn 4 by Sept 1, 2021 (6 hour M/W/F option)

- Monday thru Friday 9am-1pm - \$430 Enrichment Plus M/W/F only - 1-3pm \$210
- E Plus 1 Day \$72 E Plus 2 Days \$144

State Approved Kindergarten - 4 or (6 hr M/W/F) - Child Must Turn 5 by September 1, 2021

- Monday thru Friday 9am-1pm \$460 Enrichment Plus M/W/F only 1-3pm \$210
- E Plus 1 Day \$72 E Plus 2 Days \$144

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

| | |
|-------------------------------------|-------------------------------------|
| <u>Mother's Contact Information</u> | <u>Father's Contact Information</u> |
| Cell Phone (<u>Mom</u>) _____ | Cell Phone (<u>Dad</u>) _____ |
| Work Phone (<u>Mom</u>) _____ | Work Phone (<u>Dad</u>) _____ |
| E-Mail Address _____ | |

Please let us know how you heard about our program: _____

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 2022 advanced tuition plus \$85 registration fee (or \$60 registration fee if attended Spring Mini-Session) 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