



Gaithersburg Presbyterian Preschool & Kindergarten

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

2019/2020 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, 2019

Tuesday/Thursday \$180 (9-11:30am) Optional Enrichment \$100 (11:30am-1pm)

Wednesday/Friday \$180 (9-11:30am) Optional Enrichment \$100 (11:30am-1pm)

Tuesday/Wednesday/Friday \$232 (9-11:30am) Optional W/F Enrichment \$100 (11:30-1pm)
Optional Tues Enrichment \$50 (11:30am-1pm)

Three's Plus - 3 day Afternoon Class – (Older 3s/Young 4s) Child Must Turn 3 by March 31, 2019

Monday/Wednesday/Friday \$232 (12:15-2:45pm)

Optional Wed/Fri Lunch Enrichment \$50 (11:30am-12:15pm)

Four Year Old Pre-Kindergarten - 3 or 4 day class - Child Must Turn 4 By September 1, 2019

Monday/Tuesday/Thursday \$335 (9am-1pm)

*Mon/Wed/Fri \$240 (9-11:30am) Optional Wed/Fri Enrichment \$100 (11:30am-1pm)

*Optional 4th day - Thursday \$80 (9-11:30am) Optional Thursday Enrichment \$50 (11:30am-1pm)

*Monday/Wednesday/Friday \$335 (9am-1pm)

*Optional 4th day - Thursday \$80 (9-11:30am) Optional Thursday Enrichment \$50 (11:30am-1pm)

Pre-Kindergarten Plus –Five Day Afternoon Class – (Older 4s/Young 5s) Child Must Turn 4 by 3/31/19

Monday thru Friday \$340 (12:15-2:45pm)

Optional T/Th Lunch Enrichment \$50 Optional W/F Lunch Enrichment \$50 (11:30am-12:15pm)

State Approved Kindergarten - 4 Hour Class - Child Must Turn 5 by September 1, 2019

Monday thru Friday \$450 (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 2020 advanced tuition plus \$85 registration fee must be paid at time of 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