



Early Childhood Application

Student's Name: _____ Applying for (month/year): _____

Gender: _____ Age: _____ Birth date: _____

Applying for: (Mornings are 8:15am to noon, full days are 8:15am to 2:45pm.)

Nursery

- 3 mornings (*Tue-Wed-Thur*)
- 3 full days (*Tue-Wed-Thur*)
- 4 mornings (*Mon-Tue-Wed-Thur*)
- 4 full days (*Mon-Tue-Wed-Thur*)
- 5 mornings (*Mon-Fri*)
- 5 full days (*Mon-Fri*)

Mixed Age Kindergarten

- 4 mornings (*Mon-Tue-Wed-Thur*)
- 4 full days (*Mon-Tue-Wed-Thur*)
- 5 mornings (*Mon-Fri*)
- 5 full days (*Mon-Fri*)

Parent/Guardian (1) _____ Relationship to Student _____

Mailing Address: _____

Residential Address: _____

Occupation: _____

Business name and address: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____

Parent/Guardian (2) _____ Relationship to Student _____

Mailing Address _____

Residential Address: _____

Occupation: _____ Business Name: _____

Business address: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____

If parents have separate addresses, child lives with: Parent 1 Parent 2 Both

Correspondence should be addressed to: Parent 1 Parent 2 Both

Names and birth dates of other children in family: _____

Name(s) of school(s) or programs attended (if any):

Name

Address

Dates attended

Program(s)

Please tell us anything you would like us to know about your child or your family life: _____

How did you hear about our school? _____

Requesting tuition assistance information

Requesting extended day program information (for nursery through 3rd grade)

Signature of Parent or Guardian

Date

A \$50 non-refundable fee must accompany this application.

The GBRSS welcomes students without regard to race, creed, gender or national origin.

(For office use only) Date Received: _____

Check No.: _____ Check date: _____

cc: Teacher
Business Office
FMP