A logo for a preschool

Description automatically generated

*A Ministry of Tower Church*

248 South Broad Street

Grove City, PA 16127

Tel: (724) 458-7260

***“Teach children how they should live, and they***

***will remember it all their life.”***Proverbs 22: 6

**Application for Preschool & Pre-Kindergarten Enrollment**

**2024-2025 School Year**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_ Boy \_\_\_\_\_\_ Girl

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Lives With: \_\_\_\_Both Parents \_\_\_\_Mom \_\_\_\_Dad

**Health / Medical Information**

List known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Select the Program Appropriate for Your Child**

\_\_\_\_\_ PRESCHOOL 3-4 YEARS OLD

Tuesday / Thursday 8:30 AM – 11:00 AM

Cost: $ 125.00 / Month *(9 months)*

*Child must be 3 years old by September 1, 2024*

\_\_\_\_\_\_ PRE-KINDERGARTEN 4-5 YEARS OLD

Monday / Wednesday / Friday 8:30 AM – 11:00 AM

Cost: $ 150.00 / Month *(9 months)*

*Child must be 4 years old by September 1, 2024*

**Please note*:*** *The 2024-2025 Preschool and Pre-Kindergarten school year follows the Grove City Area School District Calendar.*

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**Admission**

* + A non-refundable application fee of $30.00 must accompany your application.

Pay to : Tower Church *(Memo: Bright Beginnings)*

248 South Broad Street

Grove City, PA 16127

* + A copy of your child’s immunization record is required for admission.
  + All children must be toilet trained.
  + It is understood that your child’s acceptance into this program is subject to approval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

*Statement of Confidentiality*

The information contained herein is confidential and solely for the use of the Director and Teaching Staff of *Bright Beginnings Preschool and Pre-Kindergarten*. Information will not be made public or released to any individual or entity without written permission of the child’s parent(s) or legal guardian(s). *Bright Beginnings Preschool and Pre-Kindergarten* is a ministry of Tower Presbyterian Church, Grove City, Pennsylvania.

Office Use Only

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunization Record:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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