



**GFW Pre-K (ages 3-5) Enrollment 2019-2020**

Today's Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Student Information**

Child's Full Name (first, middle, last) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child been through an Early Childhood Screening? Yes or No If Yes, where? \_\_\_\_\_

**Family Information**

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email (please write clearly) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email (please write clearly) \_\_\_\_\_

Custody circumstances that the school should be aware of \_\_\_\_\_

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**PROGRAM CHOICES:** A \$50 non-refundable deposit is required to hold your child's spot in the program. The deposit can be used towards the first month's tuition. Tuition is due at the end of each month with no refunds for closed, delayed or absent days.

Please indicate what program you are enrolling your child for:

**Bright Beginnings (3 Year Olds)**

- Tuition Cost: \$82.00/month
- \_\_\_ Section #1 M/W 8-11am
- \_\_\_ Section #2 M/W 12:15-3:15pm
- \_\_\_ Section #3 T/TH 8-11am
- \_\_\_ Section #4 T/TH 12:15-3:15pm

**Exploring Together (4-5 Year Olds)**

- Tuition Cost: \$120/month
- \_\_\_ Section #1 T/TH/F 8-11am
- \_\_\_ Section #2 TTH/F 12:15-3:15pm
- \_\_\_ SPED \_\_\_ AM \_\_\_ PM
- Tuition Cost: \$160/month
- \_\_\_ Section #3 M/W 8am-3:15pm

Are you interested in bussing at this time? \_\_\_ Yes \_\_\_ No

Parent Signature: By signing this form I acknowledge my interest in the GFW School District Pre-K Program and acknowledge all terms listed above. I attest that the information I provided is correct and if any of the personal information changes, I will notify GFW Schools.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Date received \_\_\_\_\_ \$50 deposit received \_\_\_\_\_ Cash or Check # \_\_\_\_\_

GFW Signature \_\_\_\_\_ Program enrolled into \_\_\_\_\_