

Please check the class which best suits your child.

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PRE-SCHOOL (3 – 4 year olds)

Tuesday/Thursday 9 am – 11:30 am

Cost: \$110/month

child MUST be 3 years old by September 1, 2024

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PRE-KINDERGARTEN (4 – 5 year olds)

Monday/Wednesday/Friday 9:00 am – 11:30 am

Cost: \$130/month

child MUST be 4 years old by September 1, 2024

ALL CHILDREN MUST BE TOILET TRAINED

APPLICATION AND ADMISSION A non-refundable \$40.00 application fee AND a copy of your child's immunization records must accompany this application. It is understood that the child's acceptance into this program is subject to approval.

Parent Signature

Date

CONFIDENTIALITY

The information contained herein is confidential and solely for the use of the teaching staff and Director of Little Disciples Catholic PreSchool and PreKindergarten. 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). Little Disciples PreSchool and PreKindergarten is a mission of Beloved Disciple Catholic Church, a parish of the Roman Catholic Diocese of Erie, PA.

Office Use Only:

Date Received: _____ Date Reviewed: _____

Fee Received: _____ Immunization Record Rec'd: _____

Parents Notified: _____ Additional Information: _____

Little Disciples Catholic Pre-School and Pre-Kindergarten
1342 South Center Street Ext., Grove City, PA 16127
(724) 748-6868



Application for Pre-School and Pre-Kindergarten
2024 – 2025

Child's Name: _____

Birth Date: _____

Gender: Boy or Girl

Parents' Names: _____

Home Address: _____

Home Phone Number: _____

Date of Baptism: _____

Place of Baptism: _____

Registered Member of Beloved Disciple: Yes No

Father's Name: _____

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Religion/Parish: _____

Mother's Name: _____

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Religion/Parish: _____

Child lives with: Both Parents Mom Dad

Other children in the home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

HEALTH RECORD

List known allergies: _____

Medications taken on a regular basis: _____

Does your child have special needs: _____

If so, explain: _____

Is your child under a doctor's care? _____

If so, explain: _____

SCHOOL READINESS

Hand preference: Right Left

Circle the word(s) that best describe your child:

Friendly Outgoing Cautious Quiet Shy

Specific Fears: _____

Does your child play regularly with other children?

What are the ages of those children?
