

Application for Enrollment

Grace Promise Preschool
Grace United Methodist Church
501 Pennsylvania Ave. E., Warren, PA 16365
814-723-9440

Staff Use Only: date and initials

Date received _____

Reg. Fee _____. Mat. Fee _____

Confirmation call _____

Class assigned _____

Complete this application and return it with a nonrefundable application fee of \$20 to Grace United Methodist Church.

Grace Promise Preschool is a half-day preschool program. Our classes are in session from 8:45 a.m. until 11:30 a.m. on Tuesdays, Wednesdays, and Thursdays.

The cost is \$105.00 a month, or \$900 annually if paid in full.

Once you turn in an application and the application fee, you will receive confirmation from a staff member via your preferred method of communication (text, call, or email). Enrollment is on a first-come, first-served basis.

Applications received after classes are full will be added to the waiting list in the order received and families notified of their status. Any tuition payments will be refunded.

Children must be 3 years of age by July 1st and fully potty trained to be enrolled into the program.

Child's Full Name (with pronunciation if needed) _____

Gender: Male / Female (please circle one) Child's Date of Birth _____

What name should we use at school? _____

Child's Home Address _____

Primary Caregiver Name _____ Relationship to child _____

Caregiver Phone Number _____ Cell or Landline (circle one)

Caregiver Address _____

Parents' Names and contact information (if different than above) _____

May we contact parents at work? Yes or No (circle one) Notes: _____

Emergency Contact (Other than parents) during school hours

Name _____

Phone _____ Cell or Landline (circle one)

Doctor's Name _____ Phone _____

MMR vaccination date _____

We must have a current vaccination date on file. The doctor may email the vaccination as well to the email at the bottom of this application.

Grace Promise Preschool Confidential Information

Child's Name _____

Siblings 'Names and Ages _____

Are there others who live in the home? Please list names and relationship _____

Are parents living together? _____

Describe how your child interacts with other children, including siblings (shy, playful, rambunctious), etc.

Recent changes in home environment? (moving, new baby, new pet, etc.)

Any particular areas of concern during the past year? _____

Does he/she speak clearly? _____ What sounds if any are difficult? _____

Does your child have a fear of anything? (thunder, dogs, the dark, etc.) _____

General Health

Allergies or Hypersensitivities _____

Do any of the above require an EpiPen? _____

Please check any that apply to your child:

<input type="checkbox"/> Glasses	<input type="checkbox"/> Special Needs - physical
<input type="checkbox"/> Recurrent colds or ear infections	<input type="checkbox"/> Special Needs - developmental
<input type="checkbox"/> Right-handed	<input type="checkbox"/> Special Needs - language or speech
<input type="checkbox"/> Left-handed	<input type="checkbox"/> Special Needs - behavioral or emotional

Has your child been serviced by Early Intervention or DHS? _____

Is your child currently receiving services from Early Intervention or DHS? _____

Has your child ever attended daycare/preschool? _____

Why do you want your child to attend Grace Promise Preschool and what are your expectations?

Permission for walking field trips, driving field trips (parent help may be enlisted), and photo publication

My child, _____, has permission to attend field trips with Grace Promise Preschool for the 2025-26 school year. I understand that parents may be responsible for providing transportation for field trips when walking is not possible.

Parent or Legal Guardian Name (printed) _____

Parent or Legal Guardian Signature _____

Date _____

Grace Promise Preschool may use my child's photographic image in production of any school publication and/or video, DVD, social media, and/or other visual imaging. Children's names are not included with their photos.

- I agree to the photo/video release.
- I do not agree to the photo/video release.

Name of child _____

Parent or Legal Guardian Name (printed) _____

Parent or Legal Guardian Signature _____

Date _____