

**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:

- Glasses
- Recurrent colds or ear infections
- Right-handed
- Left-handed
- Special Needs - physical
- Special Needs - developmental
- Special Needs - language or speech
- 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 \_\_\_\_\_