



Good Beginnings Preschool Application 2024-25

(620) 241-1109 200 N Carrie goodbeginnings.maccob@gmail.com

Child's name _____ Girl _____ Boy _____

Date of Birth _____ Age _____ Home phone _____

Address _____ Zip Code _____

Cell phone _____ Can we text you at this number? Yes _____ No _____

Email address _____

Father's name _____ Cell phone _____

Works at _____ Work phone _____

Home address if different from child's _____

Mother's name _____ Cell phone _____

Works at _____ Work phone _____

Home address if different from child's _____

Other children in family (names & ages) _____

*****PARENT staff should call FIRST** _____

EMERGENCY NAME (other than parent) _____ Phone _____

Does your child have any food allergies? No _____ Yes _____ If yes, please explain. _____

Does your child have any speech, hearing, medical issues we should be aware of? No _____ Yes _____

If yes, please explain. _____

Is there any information about your child that would help us care for them better? If so, please explain.

Turn to the back side to choose a class and finish application.

Good Beginnings Preschool does not discriminate on the basis of sex, race, religion, or ability.
Scholarships are available based on need. Please talk with the Director for details.

Check the option you prefer

_____ 3 days a week Prekindergarten Class 9:00 a.m. – 11:30 a.m.
\$95.00 per month (child must be 4 by Aug. 31, toilet trained)

_____ 2 days a week Preschool Class 9:00 a.m. – 11:20 a.m.
\$70.00 per month (child must be 3, toilet trained)

***Please attach a copy of your child's immunization records with this application.**

Check here if your child is exempt for health or religious reasons. Please circle which one.
(Look for this question on the back of the health form also.)

☐

The following people, in addition to parents/guardians, may pick up my child from Good Beginnings Preschool. Provide first and last names, phone numbers, and relationship to the child.

My child needs transportation to preschool ☐

Social Media

_____ (Yes) I give my permission for my child's photo to be used on Good Beginnings' **website**.

_____ (Yes) I give my permission for my child's photo to be posted on Good Beginnings' **PUBLIC**
Facebook page.

_____ (Yes) I give my permission for my child's photo to be posted on the **PRIVATE** Good Beginnings'
Facebook page for his/her class.

Good Beginnings Preschool staff members treat the children in a loving, caring, Christian manner as they teach and interact. We pray at snack time and celebrate Christmas and Easter holidays at preschool.

I agree that at the time of enrollment I will pay a Non-Refundable application/processing fee of \$25.00 per child. I understand that tuition is due on or before the 5th of each month for both the Prekindergarten Class and the Younger Class. Tuition payments begin in September and end in May, making a total of 9 monthly tuition payments. I agree to make all necessary payments in a timely manner. There is no refund for days your child is not in attendance.

If I withdraw my child at any time during the preschool year, I will do so in writing and I will be responsible for paying the next month's tuition.

Your signature below indicates your understanding and acceptance of our Enrollment Agreement. Placement in class will be determined on a first come basis. You will be notified of your placement in a timely manner.

Parent/Guardian Signature _____ Date _____

A \$25.00 Non-Refundable processing fee must accompany this application. If you would like to mail your application, please send to Good Beginnings Preschool, 200 N. Carrie, McPherson, KS 67460.