



# Good Beginnings Preschool Application 2024-25

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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.

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**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.
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**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.**

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**Social Media**

<p>____ (Yes) I give my permission for my child’s photo to be used on Good Beginnings’ <b>website</b>.</p> <p>____ (Yes) I give my permission for my child’s photo to be posted on Good Beginnings’ <b>PUBLIC</b> Facebook page.</p> <p>____ (Yes) I give my permission for my child’s photo to be posted on the <b>PRIVATE</b> Good Beginnings’ Facebook page for his/her class.</p>
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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 5<sup>th</sup> 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.**