



# GIG HARBOR ACADEMY

Empowering Joyful Discovery

## *2020-21 Preschool Application*

Child's Name: \_\_\_\_\_

*This form can either be filled out electronically (with Adobe Reader or Adobe Acrobat) or you can print this form to fill out. A **non-refundable application fee of \$150.00 must be included with this registration form.** If you are submitting this form electronically please save a copy to your computer and then email to [admissions@gigharboracademy.org](mailto:admissions@gigharboracademy.org). If you are mailing, please mail to:*

*Gig Harbor Academy*

*Attn: Admissions*

*6820 32<sup>nd</sup> St. NW*

*Gig Harbor, WA 98335*

*Gig Harbor Academy does not discriminate in matters of employment, recruitment, admission, or the administration of any of its programs on the basis of race, creed, color, gender, nationality, or ethnic origin.*



# Preschool Registration

Current GHA Family?  Yes  No  
 Previous GHA Family?  Yes  No

## Student Information

**Date:** \_\_\_\_\_

<i>First, Middle, Last</i>	<i>Preferred Name</i>	<i>Male/Female</i>
<i>Mailing Address</i>	<i>City</i>	<i>State</i>
<i>Phone Number</i>	<i>Date of Birth</i>	<i>Family E-mail</i>

Applying for what class?  Fri. AM (2<sup>s</sup>)    M/W AM (2<sup>1/2</sup> – 3<sup>1/2</sup>)    T/TH AM (2<sup>1/2</sup> – 3<sup>1/2</sup>)    M-TH PM (3<sup>1/2</sup> – 4's)  
 (Child must be completely independent in the bathroom by the beginning of the school year to enter the M-TH program)

Applying for the school year    2020-21    2021-22    2022-23

## Parent Information

Preferred Title:  Mr.    Mrs.    Ms.    Dr.

Preferred Title:  Mr.    Mrs.    Ms.    Dr.

<i>Full Name</i>	<i>Full Name</i>
<i>Relation to applicant</i>	<i>Relation to applicant</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>City, State, Zip</i>	<i>City, State, Zip</i>
<i>Home Phone</i>	<i>Home Phone</i>
<i>Occupation</i>	<i>Occupation</i>
<i>Employer</i>	<i>Employer</i>
<i>Work Phone</i>	<i>Work Phone</i>
<i>Cell Phone</i>	<i>Cell Phone</i>
<i>E-mail</i>	<i>E-mail</i>

If parents are separated or divorced, with whom does the child reside? \_\_\_\_\_

Check if appropriate:

Parents    Parents  
 Married   Divorced   Other \_\_\_\_\_

## ***Sibling Information***

*Please provide the following information on all applicants' siblings:*

\_\_\_\_\_

*Name* \_\_\_\_\_ *Current Grade/School* \_\_\_\_\_ *Age* \_\_\_\_\_

\_\_\_\_\_

*Name* \_\_\_\_\_ *Current Grade/School* \_\_\_\_\_ *Age* \_\_\_\_\_

\_\_\_\_\_

*Name* \_\_\_\_\_ *Current Grade/School* \_\_\_\_\_ *Age* \_\_\_\_\_

## ***School History***

*Name of present school (if applicable)* \_\_\_\_\_

*School Address* \_\_\_\_\_

*Telephone* (\_\_\_\_) \_\_\_\_\_ *Current Teacher* \_\_\_\_\_

### ***Please answer the following questions***

1. *Does this child have any health irregularities, allergies, or educational challenges which might interfere with normal classroom or physical activities?*  Yes  No *If yes, please explain.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. *Is your child completely potty-trained and independent in the bathroom?*  Yes  No *(Please note: your child needs to be completely potty-trained for the M-TH Preschool class, but not for the Fri., M/W and T/TH Preschool classes).*

\_\_\_\_\_

\_\_\_\_\_