



GIG HARBOR ACADEMY

2017-18 Preschool Application

*Please send current photo of your child to:
admissions@gigharboracademy.org
or attach photo to this form.
(Optional)*

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. If you are submitting this form electronically please save a copy to your computer and then email to admissions@gigharboracademy.org. If you are mailing, please mail to:

*Gig Harbor Academy
Attn: Admissions
6820 32nd St. NW
Gig Harbor, WA 98335*

A non-refundable application fee of \$100.00 plus a non-refundable registration deposit of 10% of total tuition must be included with this registration form. Please see tuition rate sheet. This deposit will hold your child's place in the class until a contract is received. (Please note: if contract is not received by the due date you will forfeit both your space in the class and your registration deposit).

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 (2-3) M/W AM (2^{1/2} – 3^{1/2}) T/TH AM (2^{1/2} – 3^{1/2}) M-TH PM (3^{1/2} – 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 2017-18 2018-19 2019-20

Parent Information

Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
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<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 Married Parents Divorced Other _____

