

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 it 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 \$150 must be included with this application.

Gig Harbor Academy does not discriminate on the basis of race, color, creed, religion, disability, national origin, ethnicity, gender, sex, sexual orientation, gender identity, veteran status, or any other characteristic protected by federal, state, or local law, in the administration of its educational policies, admissions policies, and financial assistance programs, or other school programs.

Date of Application	
J II	

Student Information

Legal First, Middle, Last		Preferred Name	
Mailing Address	City	State	Zip
Student's Date of Birth	Family E-mail	Fo	amily Phone Number
Student's Gender: ☐Male ☐Fen	nale \(\bar{\text{Non-Binary}} \) \(\bar{\text{Other}} \)		

Select Class	□ Discoverers	□Explorers 1	□Explorers 2	□Adventurers*	□Evergreen*
Days	Friday	Mon/Wed	Tues/Thurs	Mon–Thurs	Mon-Fri
Times	9:00 AM – 11:00 AM	8:45 AM – 11:30 AM	8:45 AM – 11:30 AM	12:15 PM – 3:15 PM	9:00 AM – 3:00 PM
Age Requirements	2 years of age by Aug. 31	2 years of age by Feb. 28	2 years of age by Feb. 28	3 years of age by Feb. 28	At least 2 ½ but less than 4 years of age as of Aug. 31

^{*(}Child must be completely independent in the bathroom to enter the Adventurers or Evergreen program)

Applying for the school year: $\square 2022-23 \square 2023-24 \square 2024-25$

Parent/Guardian Information

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

With whom does the child reside?

Sibling Information

Please provide the following information of	n all applicants' siblings:	
Name	Current Grade/School	Age
Name	Current Grade/School	Age
Name	Current Grade/School	Age
School History		
Please answer the following ques	stions	
1. Does this child have any health irregul normal classroom or physical activities?	arities, allergies, or educational challenges which mig □ Yes □ No If yes, please explain.	ght interfere with
	and independent in the bathroom? □Yes □No -trained to participate in the Adventurers or Evergree	n program.