



Li'l Lions Preschool Application

Please complete one application for each child applying.

For School Year: **2024 - 2025**

► CHILD INFORMATION

Child's Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Female Male

Home Address _____ City _____ State _____ Zip Code _____

► Child's Age on 8/15/2024 (3-year-old program): _____ Child's Age on 8/15/2024 (4-year-old program): _____

PROGRAM OF CHOICE

Nursery School (age 3) Options

- (2 days) Tues/Thurs: Half Day (8:00AM – 11:30AM)
- (2 days) Tues/Thurs: Full Day (8:00AM – 2:30PM)
- (5 days) Mon – Fri: Full Day (8:00AM – 2:30PM)

Preschool (age 4) Options

- (3 days) Mon/Wed/Fri: Half Day (8:00AM – 11:30AM)
- (3 days) Mon/Wed/Fri: Full Day (8:00AM – 2:30PM)
- (5 days) Mon – Fri: Full Day (8:00AM – 2:30PM)

► PARENT INFORMATION

Father/Guardian Name:

Last _____ First _____

Address (if different from child's) _____ City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____ Email Address _____

Occupation _____ Employer _____

Mother/Guardian Name:

Last _____ First _____

Address (if different from child's) _____ City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____ Email Address _____

Occupation _____ Employer _____

Child lives with: Both parents Father Mother Guardian Other: _____

Legal custody belongs to: Both parents Father Mother Guardian Other: _____

All correspondence should be sent to: Both parents Father Mother Guardian Other: _____

Person responsible for tuition and expenses: _____

What church does your family presently attend? _____ Our family does not attend church.

What language is most often spoken at home? _____

How did you hear about Li'l Lions Preschool? _____

Please list your reasons for selecting Li'l Lions Preschool: _____

(form continues on other side)

▶ PREVIOUS CHILD CARE INFORMATION

Has your child previously been in childcare? Yes No

Name of facility/program (if yes): _____

Address: _____

Name of Primary Caregiver: _____ Phone: _____

Dates of Attendance: From _____ To _____

Name of facility/program (if yes): _____

Address: _____

Name of Primary Caregiver: _____ Phone: _____

Dates of Attendance: From _____ To _____

▶ ABOUT YOUR CHILD

My child is fully potty-trained and able to use the toilet on his/her own, with no "accidents" and no pull-up diapers: Yes No

Does your child have special needs? Yes No If yes, please explain: _____

My child responds well to _____

Some things my child does very well are (they do not have to pertain to school) _____

Some things that seem difficult for my child are _____

Explain what we ought to know about your child as a learner and as a person: _____

Please list the ages of any siblings of your child: _____

▶ PARENT/GUARDIAN AFFIRMATION

My signature affirms that the information provided in the application materials is complete and accurate:

Father/Guardian Signature Date

Mother/Guardian Signature Date

NONDISCRIMINATION POLICY

Greater Portland Christian School is a distinctively Christian institution dedicated to biblical principles of fairness and equality (Proverbs 24:23; Acts 17:26; Galatians 3:28). Therefore, GPCS welcomes students of any sex, race, color, and national and ethnic origin, providing them all the rights, privileges, programs and activities generally accorded or made available to students in the school. It does not discriminate on the basis of sex, race, color, or national and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs, and athletic and other school-administered programs.