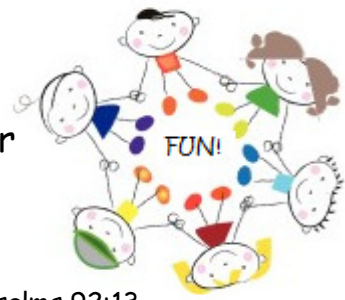




Gethsemane Early Learning Center Application 2010-2011



Those who are planted in the house
of the Lord will come up tall and strong in His gardens- Psalms 92:13

STUDENT INFORMATION

Child's Name: _____	Application Date: _____
Nickname: _____	
Address: _____	Date of Birth: _____ Gender: M F
City: _____ Zip: _____	Home phone #: _____
<i>(Please only complete the information that is different from your child's - it is not necessary to complete information in duplicate)</i>	
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell #: _____	Cell #: _____
Employer: _____ Work #: _____	Employer: _____ Work #: _____
e-mail: _____	e-mail: _____
Emergency Contact (Name & Phone #): _____	

SIBLINGS

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>GRADE</u>

CHILD'S BACKGROUND

Has your child been baptized? ___Yes ___No Date of baptism: _____

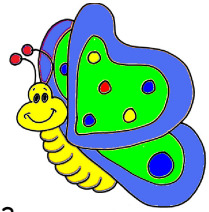
Has your child attended preschool before? ___Yes ___No If yes, for how long? _____

How did you hear about **Gethsemane Early Learning Center**? _____

Please note any special considerations for your child that you would like the staff to know:



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MUTUAL COMMITMENT

Gethsemane Early Learning Center (GELC) actively seeks preschool students whose families desire to partner with us to provide a strong foundation for learning grounded in God's love for each child. GELC strives to provide a preschool where character development, learning and faith formation walk hand-in-hand. We are committed to raising generations of children who are equipped in mind, body and spirit to be servants of Christ in the world. We look forward to partnering with you to nurture and support your child's faith formation and academic success.

SESSION PREFERENCE

****Children formerly enrolled and their siblings have placement priority until August 13****

(Students must be 4 by September 1st for 4-year old programs; and 3 by June 1st for 3 year old programs)

Class Options:				
<input type="checkbox"/>	Caterpillars: 3/4 year old AM	8:45-11:30	T/TH	\$135/mo. Sept-May
<input type="checkbox"/>	Caterpillars: 3/4 year old AM	8:45-11:30	M/W/F	\$170/mo. Sept-May
<input type="checkbox"/>	Butterflies: 4/5 year old AM	8:45-11:30	(choose only 1 for this session)	
<input type="checkbox"/>	3 day option	M/W/F	\$170/mo. Sept-May	
<input type="checkbox"/>	4 day option	M/T/W/Th	\$210/mo. Sept-May	
<input type="checkbox"/>	5 day option	M-F	\$250/mo. Sept-May	
<input type="checkbox"/>	Butterflies: 4/5 year old PM	12:30-3:00	M/T/W/Th	\$210/mo. Sept-May
Supplemental Options:				
<input type="checkbox"/>	Busy Bees: 3/4/5 year olds	11:30-3:00	M-F	\$ 55/mo/day attended (e.g.T/Th = \$110 per month; M-F = \$275)
<input type="checkbox"/>	Extended Day: 7:00- 8:45 AM and/or 3:00-5:30 PM			\$ 2.75 per half-hour (Punch cards available)

All Day/Every Day **\$185/week**
(includes a class and supplemental option-please check this option as well as your 2 choices above)

Registration (one non-refundable fee per family) **\$ 75**
(waived for previously registered LADC families)

Commitment of Financial Support for your Child's Gethsemane Education

Person(s) who will be responsible for Tuition Payments: _____

I agree to stay current with tuition and other expenses incurred as a Gethsemane student. If my family falls behind in tuition, I understand that I will be asked to have my child stay at home until tuition arrangements have been made. I/We understand and agree to abide by these terms. In addition, I certify that the information on this application is complete and accurate.

Parent/Guardian Signature

Date

Send/fax/email this application to:

Gethsemane Early Learning Center, 2410 Stillwater Road, Maplewood MN 55119
Phone: 651-739-7540 Fax: 651-578-0610 Email: info@geth.org