	AP	PLICATIO	N FOR ADMISSION
GOTHY	Current Family	Alumni Famil	y New Family (Open House Attended on
rative Preschool	First Name Yrs. Mos.	Last Name	Preferred Nickname
Date of Birth	Age as of September 1,	2025	Previous Class Experience (if any)
Programs Applying for:  Two Year old Program  Farm Friends (2 hours W AM)			Three/Four Year old Program  Finned Friends (3 hours W,TH&F PM)  Four Year Old Pre-K Program  Feathered Friends (5 hours M&T,  2 ½ hours W AM)
Two/Three Year old Program  Forest Friends (2 ½ hours TH&F AM)  Three Year old Program			Flying Friends (5 hours TH&F, 2 ½ hours W PM)
Fauna Frier	nds (3 hours M&T AM)		If more than one selected, preferred:
Parent Informa	ation:		
Parent/Guardian			Parent/Guardian
Address			Address
11441600			
City	State Zip		City State Zip
Occupation/Position			Occupation/Position
Contact Phone Number			Contact Phone Number
e-mail address			e-mail address
you also applyin	g for Public PreK or at otl	ner schools?	or services through Child Find? Yes or No  No  No (For planning only. This will not affect your application
nmittee position,	-	ool cleanings, and b	amily participation such as Helping Grownup shifts, being active in the school community.  re with our community?
at benefits do yo	u expect to see from being	g part of a cooperati	ive?

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