



1155 Walnut Bottom Road • Carlisle, PA 17015 • 717-243-1863 • www.joyfulsteps.net

PRESCHOOL APPLICATION

September 2024 – May 2025

DATE: _____

† TMH CHURCH MEMBER? yes | no

CHILD'S NAME: _____
(Last) (First) (Middle)

Boy | Girl

Birthdate: _____

Name you wish your child to be called: _____

PRESCHOOL CLASSES (★PLEASE INDICATE A FIRST AND A SECOND CHOICE BELOW IF POSSIBLE)

Note: The director reserves the right to cancel a class if enrollment numbers are low or excuse a child from preschool, if it is determined that he/she is not developmentally ready.

★ A \$40.00 non-refundable registration fee—made payable to “Joyful Steps Preschool”—must be submitted along with this application to hold a spot for your child.

PRE-3 MORNING CLASSES (2yr, 7mo to 3-year-old)

To register for the Pre-3 classes, children must be age 2 by 1/31/24.

- Puppies (W/F 9:00 to 11:30 a.m.) – (\$140/Month) 1st | 2nd
- Kittens (T/Th 9:00 to 11:30 a.m.) – (\$140/Month) 1st | 2nd

3-4 YEAR-OLD MORNING CLASSES

Children must be potty trained (wearing regular underwear with minimal accidents) and age 3 by 8/31/24, to register for the 3-4 year-old classes.

- Butterflies (M/W/F 9:00 to 11:30 a.m.) – (\$190/Month) 1st | 2nd
- Bumblebees (T/Th 9:00 to 11:30 a.m.) – (\$140/Month) 1st | 2nd

4-5 YEAR-OLD MORNING CLASSES

To register for the 4-5 year-old classes, children must be age 4 by 8/31/24.

- Teddy Bears (M/W/F 9:00 to 11:30 a.m.) – (\$190/Month) 1st | 2nd
- Pandas (T/Th 9:00 to 11:30 a.m.) – (\$140/Month) 1st | 2nd

For Office Use Only

Application Received with \$40 Registration Fee Paid: CASH | CHECK
Check # _____
Date _____

Confirmation Provided

September Tuition Paid: CASH | CHECK
Check # _____
Amount _____
Date _____

Master List
 Contact List
 Emergency Form
 Health Form

Child's Primary Residence: _____

City: _____ State: _____ Zip Code: _____

MOTHER'S NAME: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

FATHER'S NAME: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Family Church Affiliation: _____

Names and birthdates of other children in the home:

Other adults living with family (grandparents, etc.):

Has your child been enrolled in any other school program other than Joyful Steps Preschool?

If so, what kind? _____

How did you find out about Joyful Steps Preschool? _____

Is your child up-to-date on his/her vaccination schedule? yes | no

Is your child's health: Robust _____ Good _____ Fair _____ Poor _____

DOES YOUR CHILD HAVE ANY DISABILITY OR MEDICAL CONDITION THAT MAY REQUIRE SPECIAL SERVICES OR CARE? yes | no (Please explain in detail on back page.)

DOES YOUR CHILD CURRENTLY RECEIVE Early Intervention, CAIU or any other developmental/educational services? IF SO, PLEASE EXPLAIN:

DOES YOUR CHILD SUFFER FROM ALLERGIES--including SEASONAL ALLERGIES--and if so IS TREATMENT REQUIRED? _____

WILL MEDICATION NEED TO BE KEPT AT SCHOOL? _____

*We only dispense medication during school hours in emergency situations in response to symptoms - e.g. allergic reactions.

DOES ANYONE IN YOUR FAMILY HAVE ALLERGIES THAT WOULD AFFECT YOUR CHILD AT SCHOOL (e.g. food allergies)? IF SO, PLEASE EXPLAIN:

DOES YOUR CHILD HAVE ANY INFECTIOUS CONDITION? IF SO, PLEASE EXPLAIN:

In comparison with age, is your child: small _____ average _____ large _____

Present weight: _____ height: _____

List any fears your child may have: _____

Do you know the cause of these fears? _____

What are your child's favorite activities? _____

How often do you read to your child? _____

What methods do you use to discipline your child? _____

What are the major situations which require discipline? _____

How long has your family lived in your present home? _____

As a parent, do **you** have any special talents or interests that you would like to share with your

child's class? Please list: _____

Which school district will your child eventually attend? _____

Please list relatives who have a significant relationship with your child:

Is there a custody issue of which we should be aware? Please explain: _____

Who will drop off and/or pick up your child? Please list **full names** and relationship to your child:

Your signature below indicates that you understand the unknowns associated with COVID-19, and that Joyful Steps Preschool may make adjustments to our class offerings or time schedule for the 2024-25 year, if necessary.

PARENT/LEGAL GUARDIAN SIGNATURE  _____ DATE _____

Please respond to the following.

1. Please share any information that would help us better understand your child:

2. State briefly what you hope preschool will accomplish for your child:

THANK YOU! 😊