



APPLICATION FOR 2027-2028 SCHOOL YEAR

FOR NEW FAMILIES ONLY

Child's Name: _____ DOB: _____ Gender: M/F

Home Address: _____

Town/state: _____ Zip Code: _____

Parent/Guardian's Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email: _____ Work Phone: _____

Parent/Guardian's Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email: _____ Work Phone: _____

We would like to register for: *2 Day 2's Program: _____ *3 Day 2's Program: _____

3 Day 3's Program: _____ 5 Day 3's Program: _____

5 Day 4's Program: _____ 5 Day 5's Program: _____

*Please choose your preference for 2s; final placement decisions will be made by the Directors once the ages and gender of our applicant pool is known for this age group.

Siblings/Ages: _____

Are there any health conditions, speech delays, developmental variations, allergies, medication or information regarding any health problems which might affect your child's participation in preschool activities? Please be specific: _____

How did you hear about The Preschool on God's Acre?

Website: _____ Media/Ad: _____ referral (names): _____

Are you a member of The Congregational Church of New Canaan? _____

Please enclose a non-refundable application fee of \$100 payable to The Preschool on God's Acre.

Parent/Guardian Signature: _____ Date: _____

PSGA is an inclusive community-we welcome families of all races, nationalities, creeds, religions, and social and economic backgrounds.