



APPLICATION FOR 2026-2027 SCHOOL YEAR

Child's Name: _____ DOB: _____

Nickname/Preferred Name _____ Gender: M/F

Home Address: _____

Town/state: _____ Zip Code: _____

Primary Phone: _____

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

Occupation: _____ Employer: _____

Email: _____ Work Phone: _____

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

Occupation: _____ Employer: _____

Email: _____ Work Phone: _____

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

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

Siblings/Ages: _____

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 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.