

Please check the class which best suits your child.

☐

PRE-SCHOOL (3 – 4 year olds)

Tuesday/Thursday 9 am – 11:30 am

Cost: \$110/month

**\*\*child MUST be 3 years old by September 1, 2025\*\***

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PRE-KINDERGARTEN (4 – 5 year olds)

Monday/Wednesday/Friday 9:00 am – 11:30 am

Cost: \$130/month

**\*\*child MUST be 4 years old by September 1, 2025\*\***

**ALL CHILDREN MUST BE TOILET TRAINED**

**APPLICATION AND ADMISSION** A non-refundable \$40.00 application fee AND a copy of your child's immunization records must accompany this application. It is understood that the child's acceptance into this program is subject to approval.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**CONFIDENTIALITY**

The information contained herein is confidential and solely for the use of the teaching staff and Director of Little Disciples Catholic PreSchool and PreKindergarten. Information will not be made public or released to any individual or entity without written permission of the child's parent(s) or legal guardian(s). Little Disciples PreSchool and PreKindergarten is a mission of Beloved Disciple Catholic Church, a parish of the Roman Catholic Diocese of Erie, PA.

\_\_\_\_\_  
Office Use Only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Fee Received: \_\_\_\_\_ Immunization Record Rec'd: \_\_\_\_\_

ParentsNotified: \_\_\_\_\_ Additional Information: \_\_\_\_\_

Little Disciples Catholic Pre-School and Pre-Kindergarten  
1342 South Center Street Ext., Grove City, PA 16127  
(724) 748-6868



Application for Pre-School and Pre-Kindergarten  
2025 – 2026

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: Boy or Girl

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

Registered Member of Beloved Disciple: Yes No

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion/Parish: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion/Parish: \_\_\_\_\_

\_\_\_\_\_

Child lives with: Both Parents    Mom    Dad

Other children in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## HEALTH RECORD

List known allergies: \_\_\_\_\_

\_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

\_\_\_\_\_

Does your child have special needs: \_\_\_\_\_

If so, explain: \_\_\_\_\_

Is your child under a doctor's care? \_\_\_\_\_

If so, explain: \_\_\_\_\_

## SCHOOL READINESS

Hand preference:    Right                      Left

Circle the word(s) that best describe your child:

Friendly              Outgoing    Cautious              Quiet              Shy

Specific Fears: \_\_\_\_\_

\_\_\_\_\_

Does your child play regularly with other children?

\_\_\_\_\_

What are the ages of those children?

\_\_\_\_\_