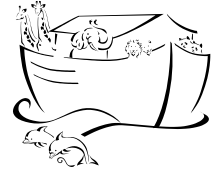




GOOD SAMARITAN SCHOOL
APPLICATION FOR ADMISSION 2010-2011
Preschool



333 NW 35th Street, Corvallis, OR 97330 – 541-758-1255
 Head of School – Jane Edson www.goodsamschool-episcopal.org

PLEASE PLACE AN X IN THE BOX BEFORE YOUR DESIRED CLASS

Morning Classes

| <u>Child's Age</u> | <u>Days of Week</u> | <u>Times</u> |
|---|---------------------------------|-----------------|
| <input type="checkbox"/> 32 months by September 1 | Tuesday and Thursday | 9:00 – 11:30 AM |
| <input type="checkbox"/> 3 years by September 1 | Tuesday and Thursday | 9:00 – 11:30 AM |
| <input type="checkbox"/> 3 years by September 1 | Monday, Wednesday, Friday | 9:00 – 11:30 AM |
| <input type="checkbox"/> 4 years by September 1 | Monday, Wednesday, Friday | 9:00 – 11:30 AM |
| <input type="checkbox"/> 3 ½ years by September 1 | Tues/Thurs Creative Arts | 9:00 – 11:30 AM |

(this class is available in conjunction with a MWF a.m. program, afternoon Pre-K, or afternoon KDG programs)

Afternoon Classes

| | | |
|---|-------------------------------------|-----------------|
| <input type="checkbox"/> 4 ½ years by September 1 | Pre-Kindergarten - (Mon-Fri) | 12:30 – 3:00 PM |
|---|-------------------------------------|-----------------|

☺ 10% Sibling Discount – A 10% monthly tuition discount is available for all children after the first child. Sibling Discount Request Form is in the school office.

☺ Volunteer Time – Parent contribution hours: Each family is asked to give of their time and talent (outside the classroom) a few hours per year. Projects include, but are not limited to the following: teacher projects, assisting with fundraisers, class parties, and field trip driving assistance.

Required Forms to complete for school admission

- Application (Preschool)
- Questionnaire (Preschool)
- Student Emergency Contact Information Form
- Oregon Immunization Record
- Signed Admission Agreement
- \$100 Application Fee– this fee is non-refundable and does not apply to tuition



*Accredited by the National Academy of Early Childhood Programs
 and a member of the National Assoc. of Episcopal Schools*



APPLICANT INFORMATION



As an indicator of readiness for preschool your child must be toilet trained.



| Office Use Only | | | |
|-------------------------------|--|-----------------------------|--|
| Date App Recvd | | Immunization | |
| App Fee Recvd. | | Questionnaire | |
| Check Number # | | Student Emerg. Contact page | |
| September Tuition Pre-Payment | | Admission Agreement | |
| Check Number # | | | |
| Class Choice #1 | | Class Choice #2 | |

Student's Name _____
First Middle Last

Nickname (if applicable) _____ Date of Birth _____ Gender: Male Female

National Origin: African American Asian Caucasian Hispanic/Latino
 Middle Eastern Multiracial Native American

FAMILY INFORMATION (please print)

Father/Guardian:
 Full Name _____

Mother/Guardian:
 Full Name _____

Home Address _____

Home Address _____

City State Zip Code

City State Zip Code

Home Telephone () _____

Home Telephone () _____

Employer Name _____

Employer Name _____

Occupation _____

Occupation _____

Business Telephone () _____

Business Telephone () _____

Cell or pager # _____

Cell or pager # _____

Student's current address _____

If the child is not living with both parents/guardians, please indicate with whom the child resides.

Name of Church the child's family attends: _____

School attended in 2009-2010 school year _____

How did you learn about Good Samaritan School?

BROTHERS and SISTERS

| | | |
|-------------|----------------------|-----------------------|
| <u>Name</u> | <u>Date of Birth</u> | <u>Current School</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PATERNAL GRANDPARENTS

MATERNAL GRANDPARENTS

| | |
|--------------------------|--------------------------|
| Name _____ | Name _____ |
| Home Address _____ | Home Address _____ |
| _____ | _____ |
| City State Zip Code | City State Zip Code |
| Home Telephone () _____ | Home Telephone () _____ |

MEDICAL INFORMATION

Student's Name _____
First Middle Last

Is your child under any type of medical supervision? Yes No

Is your child taking any prescription medication? Yes No

If you answered "yes," please explain _____

Is your child allergic to anything? Yes No

Describe medical allergy/allergies and explain symptoms (how do they react)?

Child's Physician: _____ Phone # _____

Physician's Address _____

Health Insurance Carrier: _____ Policy # _____

Have you consulted with a physician or other professional regarding any of the following?

Speech and language development Yes No

Physical development or coordination Yes No

Emotional or behavioral development Yes No



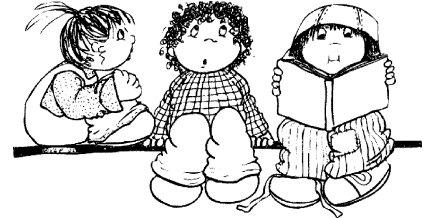
If you have answered "yes" to any of the above, please explain _____

Driver/Car Insurance Information (for a parent/guardian that would be driving on a field trip)

Name of Driver _____ O.D.L.# _____

Name of Driver _____ O.D.L.# _____

Name of Car Insurance Carrier: _____ Policy # _____
(not agent name)



Signatures

Father/Guardian

Mother/Guardian

Date _____

Date _____

ANNUAL GIVING

Annual Giving is a vital part of private education and contributes approximately 6% to the Good Samaritan School operating budget. We rely upon the generosity of our parents, grandparents, special friends and alumni of Good Samaritan School to enable us to continue our long tradition of excellence in education in a nurturing, Christian environment. These gifts allow us to supplement our curriculum and academic programs, professional development for our faculty and many other benefits to the daily enrichment of our students. Your gifts are tax deductible.

Good Samaritan School encourages and welcomes applications from students without regard to race, sex, religion, creed or national origin and does not discriminate in its educational policies, financial aid programs or other school activities.