

**GRINNELL COLLEGE PRESCHOOL
APPLICATION FOR 2024 – 2025 SCHOOL YEAR**

CHILD'S NAME _____ PREFERRED NAME _____

HOME ADDRESS _____

BIRTH DATE _____ GENDER: Male Female Other gender (_____)

PARENT NAME _____ PARENT PHONE NO. _____

PARENT EMAIL _____

PARENT NAME _____ PARENT PHONE NO. _____

PARENT EMAIL _____

Please use the back of this form if necessary.

1. Please list names and ages of other children in your family.
2. What would you like us to know about your child?
3. Are there any fears, allergies, food sensitivities or medical conditions we should know about?
4. Please list any previous group experiences your child has had.

_____ Monday, Tuesday, Thursday, Friday Afternoon 1:00 p.m. - 3:30 p.m. \$105 per month – Taylor Marsho, Teacher

**Carol Nielsen scholarships are available for 3 and 5 year olds
Tuition provided by Grinnell College for eligible 4 year olds (4 by Sept. 15)**

Signature: _____

Please return the application (in person, email, mail, or use the black mailbox on west side of building). Return to:
Karen Veerhusen-Langerud, Director/Lead Teacher
Grinnell College Preschool
1022 Park Street
Grinnell, IA 50112
veerhuse@grinnell.edu

Additional Comments: