

Mail Completed application and fee to:  
Ambrose Family Center  
222 W. Cedar Avenue  
Webster Groves, MO 63119

## Ambrose Family Center Preschool Application

Request for School Year: \_\_\_ 2025/2026 \_\_\_ 2026/2027 \_\_\_ 2027/2028

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Female \_\_\_ Male \_\_\_ Does your child have an IEP or require special services: Yes \_\_\_ No \_\_\_ Is English your child's first language: Yes \_\_\_ No \_\_\_

*(Unfortunately these categories are required by DESE; we recognize they do not adequately represent all children)*

Is the student Hispanic or Latino? \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino

Check all that apply:

\_\_\_ Black or African American \_\_\_ Native American/Eskimo \_\_\_ Native Hawaiian or Other Islander \_\_\_ Asian \_\_\_ White

Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Limited tuition assistance is available to families that qualify. Is your family interested in financial assistance? Yes \_\_\_ No \_\_\_  
(Foster Care / Adoption Subsidies are not accepted)

Are either parents/guardians employed by the WGSD? Yes \_\_\_ No \_\_\_ Does this applicant have a sibling currently enrolled? Yes \_\_\_ No \_\_\_

**Application Fee: A non-refundable fee of \$50.00 for each program choice must accompany this application.  
\$100 maximum fee per family.**

### Toddler Full Day Program (7:30 a.m. – 5:30 p.m.) 2-3 year olds

(CHILD MUST BE 2 YEARS OLD BY JULY 31<sup>ST</sup> OF ENROLLMENT YEAR)

\_\_\_ **Five days (Monday through Friday)**

### Preschool Full Day Program (7:30 a.m. – 5:30 p.m.) 3-5 year olds

(CHILD MUST BE 3 YEARS OLD BY JULY 31<sup>ST</sup> OF ENROLLMENT YEAR)

\_\_\_ **Five days (Monday through Friday)**

### Preschool Half Day Morning Program (8:15 a.m. – 11:15 a.m.) 3-5 year olds

(CHILD MUST BE 3 YEARS OLD BY JULY 31<sup>ST</sup> OF ENROLLMENT YEAR. Children will be moved to the afternoon classroom with their cohort group the year before entering Kindergarten)

\_\_\_ **Four days (Monday through Thursday)**

### Preschool Half Day Afternoon Program (12:15 p.m. – 3:15 p.m.) 3-5 year olds

(CHILD MUST BE 3 YEARS OLD BY JULY 31<sup>ST</sup> OF ENROLLMENT YEAR)

\_\_\_ **Four days (Monday through Thursday)**

For Office Use Only

Rec'd: \_\_\_\_\_

By: \_\_\_\_\_

Fee: \_\_\_\_\_

Chk#: \_\_\_\_\_

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

Co. Group \_\_\_\_\_

School: \_\_\_\_\_

Adm. Yr. \_\_\_\_\_

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Previous Child Care Centers/Schools Student has attended: \_\_\_\_\_

**Preschool Tours:** We realize that most parents would prefer to have a chance to visit the preschool prior to enrolling. School tours focus on understanding our philosophy, what we offer, learning more about you and your child, and spending a few minutes walking through the building to see children and staff in action. Tours are offered periodically and do require an appointment. Please call the office (963-6440) to schedule a tour. These group tours are for parents/guardians only. If you are a returning family, there is no need to sign up for a tour.

**We would love to learn more about your child; please take a minute to answer the following questions. This information helps us place children in a classroom that fits with their special spark, what makes them unique.**

What do you want for your child from a preschool experience?

Please share a short story about your child:

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian (Please Print)

***Please return this completed form along with a non-refundable application fee of \$50.00 per program choice, and a copy of the state issued birth certificate. Your application will not be considered complete until we have received all of the required forms and fees.***