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: ___ 2026/2027 ___2027/2028 ____2028/2029

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 31ST 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 31ST 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 31ST OF ENROLLMENT YEAR. Children will be moved to the afternoon classroom with their cohort group the year before they are age eligible for 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 31ST 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.