



**Grace Early Learning Center**  
Where children explore, create, learn and have fun!

## Grace Early Learning Center Registration Form

Child's Information	
First:	Last:
Date of Birth:	Start Date:
Current Age:	Sex (circle one): Female, Male, Other(please specify):
Parent/Legal Guardian(s) Information	
Address:	
City/State/Zip Code:	
Name (First/Last):	Name (First/Last):
Home#:	Home#:
Work#:	Work#:
Cell#:	Cell#:
Email:	Email:
Relationship to Child:	Relationship to Child:
Program ( OFFICE USE ONLY )	
Infant A: 6 weeks – 12 months <input type="checkbox"/>	Pre-School (2's) <input type="checkbox"/> Kindergarten Readiness <input type="checkbox"/>
Infant B: 12 months – 17 months <input type="checkbox"/>	Pre-School (3's) <input type="checkbox"/> Before/Aftercare <input type="checkbox"/>
Toddler: 18 months – 23 months <input type="checkbox"/>	Pre-K (4's) <input type="checkbox"/> Beforecare Only <input type="checkbox"/>
Aftercare Only <input type="checkbox"/>	Summer Program <input type="checkbox"/> Drop-In Care <input type="checkbox"/>
Child's Schedule (circle all that apply): M, T, W, TH, F	
I accept that <b>all fees are non-refundable</b> , and all payments must be payable to— <b>Grace Early Childhood Center (GELC)</b> .	
<input type="checkbox"/> I Accept <input type="checkbox"/> I Decline	
Parent/Legal Guardians Signature: _____ Date: _____	
OFFICE USE ONLY	
Registration Fee Received (check): _____ Circle One: <b>Credit Card</b> <b>Cash</b> <b>Check</b> <b>Other:</b> _____	
Registration Fee Amount: _____	
Educational Fee Received (check) _____ Circle One: <b>Credit Card</b> <b>Cash</b> <b>Check</b> <b>Other:</b> _____	
Educational Fee Amount: _____	
Director's Signature: _____ Date: _____	
Finance Manager Signature: _____ Date: _____	