

Grace Early Childhood Center Preschool Registration Form



Child's Name			
First:		Last:	
Date of Birth:			
Parent/Legal Guardian Name:			
Address:			
City/State/Zip Code:			
Contact Information			
Home Phone:			
Mother		Father	
Work:		Work:	
Cell:		Cell:	
Email:		Email:	
Parent/Legal Guardian Signature: _____			
Preschool Programs			
<i>Please check the program you are enrolling in</i>			
<input type="checkbox"/> Preschool 3 year old ½ day Tuesday & Thursday 9:30 am – 12:00 pm	<input type="checkbox"/> Preschool 4 year old ½ day AM Monday, Wednesday & Friday 9:30 am – 12:00 pm	<input type="checkbox"/> Preschool 4 year old ½ day PM Monday, Wednesday & Friday 12:00 pm – 3:00 pm (Lunch Provided)	<input type="checkbox"/> Preschool 4 year old Full Day Monday, Wednesday & Friday 9:30 am – 3:00 pm (Lunch Provided)
❖ Registration Form & Non-refundable Fee of \$100.00 – Payable to Grace Early Childhood Center			
OFFICE USE ONLY			
Registration Fee Received: _____		Credit Card	Cash Check Date: _____
Activity/ Material Fee Received: _____		Credit Card	Cash Check Date: _____
Employee Signature: _____		Class Assigned: _____	