

Preschool/Kindergarten

Grace Child Development Center

Registration Form 2010-2011

Circle one: 5K 4K (5day) 4K (3day) 3K (5 day) 3K (3day) 3K (2day) Y 3s

I hereby make application for the enrollment of my child in Grace United Methodist Church Child Development Center program:

Child's Full Name: _____ Name called: _____

Sex: _____ Birth date: _____ Home phone# _____

Address: Street: _____

City _____ State _____ Zip _____

E-mail Address _____

Father's name: _____ Father's work: _____

Father's work phone: _____ Father's cell phone: _____

Mother's name: _____ Mother's work: _____

Mother's work phone: _____ Mother's cell phone: _____

Child primarily lives with: Both parents mom dad other: _____

Please list all people in the home and any special circumstances: _____

Allergies or specific health problems: _____

Child's physician and Phone # _____

Emergency contacts (Name/Address/Phone Number)

1. _____

2. _____

Program Attended Last Year: Grace _____ None _____ Other _____

Grace United Methodist Member? Yes No

Other church attending (optional) _____

Registration Fees and monthly Tuition:

Young 3's and 3K (2 day)	\$85	4K (3 day)	\$120
3K (3 day)	\$120	4K (5 day)	\$165
3K (5 day)	\$165	5K (5 day)	\$170

I understand that the above registration fee is due to hold my child's spot and that it is non-refundable. I understand that the monthly tuition is due by the 5th of each month. I also understand that my child must be toilet trained to enter 3K.

Parent's Signature and Date: _____

Teacher Preference _____

