

For office use only:  
\_\_ Older 2s \_\_ Y2s  
\_\_ Toddlers \_\_ Infants  
\_\_ W-2s \_\_ W-Tod.  
\$ \_\_\_\_\_ Fees Paid  
Start date \_\_\_\_\_

# Children's Day Out

## Application for Enrollment

### Grace Child Development Center

Date: \_\_\_\_\_

**I hereby make application for the enrollment of my child in Grace United Methodist Church Children's Day Out program, and submit the following information:**

Child's Full Name \_\_\_\_\_ Sex: \_\_\_\_\_  
Name you'd like your child to be called at school: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Home phone # \_\_\_\_\_  
Address:  
Street: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_

Mother's name \_\_\_\_\_ Work place \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ Work place \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Grace United Methodist Member? Yes No  
Other church attending (optional) \_\_\_\_\_

Child primarily lives with: Both parents mom dad other: \_\_\_\_\_  
Please list all people in the home and any special circumstances: \_\_\_\_\_

Any additional information \_\_\_\_\_

I would prefer: Monday/Thursday or Wednesday or Both Classes

**I understand that a non-refundable \$75 registration fee (\$50 - Wed. only) is due to hold my child's spot. I also understand that the fee for Children's Day Out (\$15 per day) is due by the 5th of each month and that the fee is due regardless of attendance to hold my child's spot in the class.**

\_\_\_\_\_  
Signature of Parent/ Date