

Office use:  
\$ \_\_\_ Reg. fee pd.  
Class \_\_\_\_\_  
Start date \_\_\_\_\_

# Preschool/Kindergarten

## Grace Child Development Center

### Registration Form

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

Child's Full Name: \_\_\_\_\_ Name to be called: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ 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)	\$90	4K (3 day)	\$120
3K (3 day)	\$120	4K (5 day)	\$170
3K (5 day)	\$170	5K (5 day)	\$175

**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 \_\_\_\_\_