



# Grace Preschool Registration

Child's Name \_\_\_\_\_ <sup>Male</sup>  
<sub>Female</sub> Birthdate \_\_\_\_\_

Name we should call your child \_\_\_\_\_

Parents' Names \_\_\_\_\_  
*(Father)* *(Mother)*

Address \_\_\_\_\_  
*( City)*

Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Please circle: Current GPS family                      GLC member  
                    Former GPS family/student              New family

New families: How did you hear about Grace Preschool? \_\_\_\_\_

\_\_\_\_\_

<p><b>3 - 4's</b></p> <p>(2 years before kindergarten)</p> <p>____ Monday-Wednesday AM</p> <p>____ Tuesday-Thursday AM</p> <p>____ Friday AM</p> <p>____ Tuesday-Wednesday-Thursday PM</p>
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<p><b>4 - 5's</b></p> <p>(1 year before kindergarten)</p> <p>____ Monday-Wednesday-Friday AM</p> <p>____ Tuesday-Thursday AM</p> <p>____ Tuesday-Wednesday-Thursday PM</p>
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<p><b>5's</b></p> <p>(5 years old by November 1, with priority given to children who will turn 5 by September 1)</p> <p>____ Tuesday-Wednesday-Thursday PM</p>
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**Please read and sign other side of form and return to Grace Preschool with \$55 nonrefundable registration fee. Thank you!**

# Agreement with Grace Preschool

1. I agree to pay the monthly tuition fee.
2. I understand that the monthly tuition fee is due on the first of each month, from September through May, and that there are no discounts for vacations, days off school or illness.
3. I agree to notify the school **two weeks in advance** if I need to withdraw my child from school, or pay the difference.
4. I will notify the school of any changes in personal information, such as phone numbers, address, etc.
5. Grace Preschool reserves the right to remove a child if placement in the program is inappropriate for the child and/or the school.
- 6. The following forms must be on file at school in order for your child to attend:**
  1. A Health Care Summary signed by your child's doctor (pink)
  2. Your child's Immunization Record (yellow)
  3. Enrollment for Grace Preschool Form (ivory)
  4. Emergency Information Form (blue)
  5. Permission Form (purple)

Signed: \_\_\_\_\_  
(Parent or legal guardian)

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

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FOR OFFICE USE:

\_\_\_\_\_ Registration fee paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

Class session \_\_\_\_\_ Start date: \_\_\_\_\_