



Grace Preschool Registration

Child's Name _____ ^{Male}
_{Female} 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>3 - 4's</p> <p>(2 years before kindergarten)</p> <p>_____ Monday & Wednesday AM</p> <p>_____ Tuesday & Thursday AM</p> <p>_____ Tuesday & Wednesday & Thursday PM</p>

<p>4 - 5's</p> <p>(1 year before kindergarten)</p> <p>_____ Monday & Wednesday-Friday AM</p> <p>_____ Tuesday & Thursday AM</p> <p>_____ Tuesday & Wednesday & Thursday PM</p>

<p>5's</p> <p>(5 years old by November 1, with priority given to children who will turn 5 by September 1)</p> <p>_____ Monday & Wednesday & Friday AM</p>
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Please read and sign other side of form and return to Grace Preschool with \$60 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 (gray)
 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: _____

FOR OFFICE USE:

_____ Registration fee paid \$ _____ Check # _____

Class session _____ Start date: _____