

GRACE PRE-SCHOOL REGISTRATION FORM

*****Registration Fee: \$50.00 for new students & \$25.00 for returning families*****

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT'S NAME(S): _____

ADDRESS: _____

HOME/CELL PHONE: _____

E-MAIL: _____

Side 1

Please circle one class option: 3 Days AM 4 Days AM 3 Days PM 4 Days PM

HOW DID YOU HEAR ABOUT US/REFERRED BY? _____

Please check any that apply:

We are a returning family.

We are on the active membership list of Grace Evangelical Lutheran Church.

For office use:

DATE: _____ RECV'D BY: _____ AMOUNT RECV'D: _____

Side 2