Grace Preschool Admissions Form

Child's enrollment is for Tu	uesdays and	Thursdays	during the	2024-2025	school	year from
9am - 3pm.						

Tuition is \$185 per month for the first child, \$155 for additional children.

In addition to tuition, each child requires a one-time registration fee of \$50 and a one-time supply fee of \$50 (total of \$100 per child).

Early Bird	□ 8am - 9am (\$25 per month)		
Late Bird	☐ 3pm – 4pr	m (\$25 per month)	
Early Bird/Late Bird – If Available, Mu	st Meet Minimu	um Student/Teacher Ratio.	
Child's Name *	First Name	Last Name	
Child's Birth Date *	mm-dd-yyyy Date	THE STATE OF THE S	
Child's Present Age *			
Child Lives With *		~	
Parent/Guardian Name *	First Name	Last Name	
Parent/Guardian Name	First Name	Last Name	

Address *			
	Street Address		
	Street Address Line 2		
	City	State / Province	
	Postal / Zip Code		
Alt. Address			
	Street Address		
	Street Address Line 2		
	City	State / Province	
	B		
	Postal / Zip Code		
Mother's Email *			
Father's Email *			
Other Email			
Other Email			
Mother's Cell Phone *			
Modiei 5 Celi Filofie			
Father's Cell Phone *			
Tather 3 Cell Filolie			
Other Cell Phone			
Other Cell Filone			

Occupation	Guardian Name	
	Occupation	
	Employer	
	Work Phone	
Occupation	Guardian Name	
	Occupation	
	Employer	
	Work Phone	
Sibling	Name	
	Age	
	(
Sibling	Name	
	Age	
	7.190	
Sibling		
	Name	
	Age	
	,	
Sibling	Name	
	Age	
Family Religious Preference *		
Church You Attend		

How did you find out about our program?	
Authorization for Emergency N	Medical Care
	ements for emergency medical care for my child at the time mission for the Grace Preschool, LLC Director or Manager or and/or Hospital:
Emergency Medical Attention (Physician)	
Emergency Medical Attention (Hospital)	
Emergency Contact (if parent/guardian cannot be reached)	
Allergy Information	Type here
Medical Concerns	Type here

Other Medical Information	Type here
I hereby give consent for my child to be transported and supervised by the operation's employees for (check all that apply)	☐ for emergency care☐ to and from home☐ to and from school
I hereby give consent for my child to participate in Water Activities (check all that apply)	sprinkler playsplashing/wading poolswater table play
Approved Pick Up List Please inform the people on the apporter to pick up your child.	oroved pick up list that they MUST bring a photo I.D. in
Approved Pick Up List 1	
Approved Pick Up List 2	
Approved Pick Up List 3	

Approved Pick Up List 4

Check All That Apply	 I am willing to help out during special holiday or events for my child's class. I am willing to contribute extra food or supplies needed for my child's class during a holiday or special event. I am interested in becoming a substitute. Please contact me with information.
By initialing below, then dating an	nd signing this form I agree to the following:
I initials for accurate contac*agree the	contact information on this form is accurate.
I <u>initials for policy and han</u> have read Handbook and the <u>Discipline and Gu</u>	and agree to the <u>Parent Operational Policy and Guidelines</u>
I <u>initials for lunch agreement</u> agree to Grace Preschool.	o provide lunch for my child each day that he/she attends
I <u>initials for emergency trea*</u> give co	nsent for necessary emergency treatment when my child is in linic.
I <u>initials for annual fees</u> agree to prior to the first day of school.	o pay the annual registration fee (\$50) and supply fee (\$40)
	to provide Grace Preschool with the <u>current shot records with</u> davit form) and hearing/vision screening test for ages 4+
	race Preshool, LLC permission to use my child's photograph in t may include: newsletters, websites, brochures, and flyers.

Date *	mm-dd-yyyy	ur
	Date	
Signature *		
	Clear	

Submit