## **Grace Preschool Admissions Form**

Child's enrollment is for	Tuesdays and	Thursdays	during the	2025-2026	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	<ul><li>8am - 9am (\$35 per month)</li></ul>	
Late Bird	☐ 3pm – 4pm (\$35 per month)	
Early Bird/Late Bird – If Available, Mu	st Meet Minimum Student/Teacher Ratio.	
Child's Name *	First Name Last Name	
Child's Birth Date *	mm-dd-yyyy  Date	
Child's Present Age *		
Child Lives With *	<b>\( \)</b>	
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
	City	State / Province
	Postal / Zip Code	
	rostar / Zip code	
Mother's Email *		
Mother's Email "		
Father's Email *		
rather 3 Linan		
Other Email		
Mother's Cell Phone *		
Father's Cell Phone *		
Other Cell Phone		

Occupation	Guardian Name	
	Occupation	
	Employer	
	Work Phone	
Occupation	Guardian Name	
Coupation		
	Occupation	
	Employer	
	Work Phone	
Sibling	Name	
	Age	
Sibling	Name	
	Age	
Sibling	Name	
	Age	
Sibling	Name	
	Age	
Family Religious Preference *		
railing Kenglous Freierence		
Church You Attend		
Charen Tou Attenu		
How did you find out about our		
program?		

## **Authorization for Emergency Medical Care**

	ements for emergency medical care for my child at the y permission for the Grace Preschool, LLC Director or wing Doctor 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)	<ul><li>☐ for emergency care</li><li>☐ to and from home</li><li>☐ to and from school</li></ul>
I hereby give consent for my child to participate in Water Activities (check all that apply)	<ul><li>sprinkler play</li><li>splashing/wading pools</li><li>water table play</li></ul>
Approved Pick Up List Please inform the people on the ap in order to pick up your child.	<b>St</b> proved pick up list that they MUST bring a photo I.D.
Approved Pick Up List 1	
Approved Pick Up List 2	
Approved Pick Up List 3	

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

I initials for media use	give Grace Preschool, LLC permission to use my child's photograph
in various forms of comm	unication that may include: newsletters, websites, brochures, and
flyers.	
Date *	mm-dd-yyyy
	Date
Signature *	
Clear	
S	ubmit
-	