## Grace Preschool Enrollment Application 2022-2023 School Year

Name:		Birth Date:			Age by	Age by Sept.1						
Previous School Experience:												
Family Information:												
Mother's Full Name:		Jii.	Mother's Address:									
Mother's Phone Numbers:		Cell: Home: Work:	Mother's Email:									
Father's Full Name:			Father'	Father's Address:								
Father's Phone Numbers:		Cell: Home: Work:	Father's Email:									
Class Place classroom te		Please note, class placem	ent may o	change based	d on child's	needs as re	commende	d by				
Monthly Tuition:				3 days = \$185.00		•		5 days = \$ 235.00				
Requested Class Days/Times: Please check requested days.												
Check Class:		Class		Mon.	Tues.	Wed.	Thurs.	Fri.				
	3-Year-Old morning (9-11:30 AM) (choice of ,3,4, or 5 days per week) Pre-K (4's) morning (9-11:30 AM) (choice of 3,4, or 5 days per week)											
Second Choice Days:												

Fina	ancial	Information:					
Child	l's Nam	ne:					
Perso	on Res	ponsible for Payment:					
Nam	e:		Phone:				
Addr	ess:		Email:				
Signa	ature	of Responsible Party	Date				
Pleas	se ret	urn this application along wit	h your \$75.00 ւ	non-re	efundable fee. All fees	must be	paid
		or money order, made payabl					
		Grace Preschool during the sa					
tor e	<u>acn a</u>	dditional child. The application	n ree of \$75.00	) WIII	<u>be required for each c</u>	niid app	iying.
Pare	nt Sig	gnatures:					
inforr	nation orting	res on this form indicate that we we need to the best of documentation and will be notified	our knowledge. V	Ve und	derstand that we must sup	ply all	he
			_			-	
Signat	ures			l	Date		
<u>c</u>	Office	e Use Only:					
A	ssigne	ed Class:	Days:				
c	heck N	Number					
Date Registration Received:			Start Date:				