



PRESCHOOL REGISTRATION FORM 2021 - 2022

Please print clearly & fill our ALL blanks.

CHILD'S INFORMATION:

Child's Name _____ Date of Birth _____ Age ____ M ___ F__

Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian Name _____

Mother/Guardian Name _____

Father's Cell _____

Mother's Cell _____

Work Number _____

Work Number _____

Email _____

Email _____

Are you a member of a local church? Yes ___ No ___

If so, Where? _____

How did you hear about our program? _____

Pick up Authorization (other than parents or guardian)

Name

Relationship to child

Phone #

1) _____

2) _____

3) _____

4) _____

*** If any of the above changes I will contact GraceKids immediately.

Parent Signature _____ Date _____

Office Use Only

Registration fee \$ ___ date ___/___/___ Cash/Check # _____

Registration Form ___ Medical Release Form ___ Parent Handbook ___

Assigned to Class: Todd 2 3A 3B PKA PKB