



Grace Preschool Registration

Male

Child's Name _____ Female Birthdate _____

Prefers to be called (nickname) _____

Parents' Names _____
(Father) (Mother)

Address _____
(City)

Zip Code _____ Home Phone (____) _____

Email address: _____

Please circle: Current GPS family GLC member
 Former GPS family/student New family

New families: How did you hear about Grace Preschool? _____

3 - 4's
(2 years before kindergarten)

____ Monday-Wednesday AM

____ Tuesday-Thursday AM

____ Friday AM

____ Tuesday-Wednesday-Thursday PM

4 - 5's
(1 year before kindergarten)

____ Monday-Wednesday-Friday AM

____ Monday-Wednesday-Friday PM

____ Tuesday-Thursday AM

____ Tuesday-Thursday PM

5's
(5 years old by November 1, with priority given to children who will turn 5 by September 1)

____ Tuesday-Wednesday-Thursday PM

For office use:

____ Registration fee paid \$ _____ Check # _____

____ All forms received Start date: _____