



Grace Community Preschool Registration Form

Date: _____

Child's Name _____ Birthdate _____

Mother's Name _____ Phone # _____

Address _____

City/State/Zip _____

Email Address _____

Father's Name _____ Phone # _____

Address _____

City/State/Zip _____

Email Address _____

Checkmark the class that you are enrolling your child in:

_____ Three-Year-Old Class -Monday -Tuesday 8:45-11:15

Tuition is: August -May - \$125.00 per month

_____ Four-Year-Old Class -Wednesday -Thursday -Friday 8:45-11:15 Tuition is: August -May - \$165.00 per month

_____ Pre-K Class -Monday -Thursday 12:30-3:30

Tuition is: August -May - \$200.00 per month

****There is a \$35.00 Non-refundable Registration Fee that holds your child's enrollment.**

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Parent Signature _____ Date _____

Date Received _____ Cash _____ Check # _____ Amount Paid _____

Received by _____

****How did you hear about Grace Community School?** _____
