

Grace United Methodist Preschool

Preschool Registration Form

Year: 2010- 2011

Parent's Name: _____ Child's Name: _____

Address: _____

Home Phone # _____ Cell Phone #: _____
City State Zip

Child's Date of Birth: _____ Age: _____ Male _____ Female _____
(As of September 01)

Class you wish to register for: (Please check one)

2 Day 2 Year Old Class (T & Th) _____
3 Day 2 Year Old Class (M, W & F) _____
5 Day 2 Year Old Class (M-F) _____

(\$100 non-refundable registration fee required at time of registration)

2 Day 3 Year Old Class (T & Th) _____
3 Day 3 Year Old Class (M, W, & F) _____
5 Day 3 Year Old Class (M-F) _____

(\$100 non-refundable registration fee required at time of registration)

5 Day VPK Class (M-F) _____
(\$0 registration fee for 9:00 am – 12:00 pm. \$50 non-refundable registration fee for wrap around services)

Wait List: _____ Date: _____
_____ Date: _____
_____ Date: _____

Registration For Wrap Around Services:

(VPK students require a one time \$50 registration fee for any/all wrap around services provided)

Before Care (7:30 am – 9:00 am) \$5 per day _____
Lunch Bunch (12:00 pm – 2:00 pm) \$10 per day _____

Office Use: -----

Date Received: _____ Received By: _____

Registration Fee of \$100 Paid for 2 and 3 Year Old Program : (Check or Cash) Amount: _____
Registration Fee of \$50 Paid for VPK Wrap Around Services: (Check or Cash) Amount: _____