



Loves the Little Things in Life!

Grace United Methodist Church
Grace Weekday School
Registration Form 2018-2019

PLEASE PRINT CLEARLY AND COMPLETE ALL PAGES OF THE REGISTRATION FORM.

CHILD'S NAME: _____ Date of Application: _____

Nickname: _____ Gender: M/F Date of Birth: _____

Returning Student: Yes/No Sibling of Current Student: Yes/No Grace Member: Yes/No
Sibling of Former Student: Yes/No

ADDRESS _____ Subdivision _____

City _____ Zip _____ MAIN phone#: _____

Email Address#1 _____ Email Address #2 _____
(May be used for Preschool related information and class lists: y/n)

Church Affiliation: _____ Are you looking for a church home? If so, would you like to be contacted by Grace UMC? Yes/No

Parent or Guardian Information

Parent or Guardian _____	Parent or Guardian _____
Relationship to child _____	Relationship to child _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Names and birth dates of other children in the family. _____

Any special circumstances of which our school should be aware: (single parent, adoption, grandparents living in home, etc.)

Please note any serious illnesses, injuries, surgery, allergies, etc. _____

Preschool/daycare experience (name of preschool/daycare, when attended):

Physician's name _____ Telephone _____

EMERGENCY INFORMATION: If you cannot be reached, please list the names of two persons in the local area who will accept responsibility for the care of your child.

(First choice) Name _____ Phone _____
Cell # _____

(Second choice) Name _____ Phone _____
Cell # _____

2018-2019 SCHOOL YEAR

I hereby authorize Grace United Methodist Church Weekday School to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached.

SIGNATURE _____ DATE _____

Throughout the year, we take the children’s pictures. We would like to use some of these pictures on our school web site. Please indicate your permission to put your child’s picture on the school web site. Yes/No

SIGNATURE _____ DATE _____

PICK UP POLICY

Only Mom or Dad, or the people listed below as having parental permission, will be allowed to pick up your child. Any other arrangements, either temporary or permanent, must be given in writing. In case of a last minute emergency, a parent must call the Grace School office at 766-1621, ext. 2, and the message will be relayed to your child’s teacher. A picture ID is required for anyone other than a parent.

SIGNATURE _____ DATE _____

NAME	RELATIONSHIP	TELEPHONE/CELL

2018-2019 CLASS OFFERINGS

Check Program Desired:

Mother’s Morning Out: ___T/Th (2) days \$160 per month
3:12 ___M/W/F (3) days \$245 per month ___M/T/W/Th/F (5) days \$275 per month

K2 CLASSES	K3 CLASSES	K4 CLASSES
___ 5 days(2 classes) 1:8 \$275	___ 5 days(3 classes)1:10 \$275	___ 5 days (3 classes) \$275 1:12
___ 3 days (1 class) 1:8 \$245	___ 3 days (1 class) 1:10 \$245	

Classes will be made up by number of boys and girls, personalities, and ages of the children. Requests may not be honored due to the makeup of the classes. Please know that if your request is not honored, I will call you and explain. I feel that the makeup of the class is the most important to give your child the best preschool experience. We will place children in the correct class according to age by the cut-off date of September 1st. You must put 1st and 2nd choice.

1st choice _____

Registration is complete with the following:

1. Completed Registration Form
2. Current Immunization Records **(due by 9/1/2018)**
3. **Non-refundable** registration fee

Registration is \$125.

Additional Child is \$25. Maximum is \$150.

SIGNATURE _____ Date _____

For Office Use Only:

Date application was received _____
Cash amount received _____ Receipt Number _____
Check amount received _____ Check Number: _____ Receipt No. _____