



Registration

CHILD'S NAME _____ (M) ___ (F) ___ BIRTHDATE _____

NAME CHILD IS CALLED (if different from above) _____

ADDRESS _____ HOME PHONE _____

FATHER'S NAME _____ CELL PHONE _____

FATHER'S EMPLOYER _____ WORK PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

MOTHER'S EMPLOYER _____ WORK PHONE _____

Day Care provider (if applicable) NAME _____ PHONE _____

OTHER CHILDREN IN FAMILY:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

HAVE ANY SIBLINGS ATTENDED THIS PRESCHOOL? YES ___ NO ___

IF YES, NAME OF CHILD AND YEAR ATTENDED _____ YEAR _____

FAMILY DOCTOR _____ PHONE _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRBE:

ALLERGIES: _____

EMOTIONAL PROBLEMS: _____

PHYSICAL PROBLEMS: _____

ALL CHILDREN MUST BE ABLE TO USE THE RESTROOM INDEPENDENTLY BEFORE ENROLLING

PLEASE INDICATE YOUR PREFERENCE: 3 – 4 Yr. old ___ 4 – 5 Yr. old ___

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

PRINTED SIGNATURE: _____

**A \$30.00 NON-REFUNDABLE REGISTRATION FEE IS REQUIRED WITH THIS FORM.
CHECKS SHOULD BE MADE OUT TO: GRACE POINT PRESCHOOL**

RETURN REGISTRATION FORM AND FEE TO THE PRESCHOOL IN A SEALED ENVELOPE. MAIL TO: **GPPS, PO BOX 104, NAPPANEE, IN 46550**

**REGISTRATIONS ARE CONSIDERED ON A FIRST REGISTERED BASIS.
RETURN THEM AS SOON AS POSSIBLE.**

LIMITED SCHOLARSHIPS ARE AVAILABLE. YOU MUST FILL OUT A SCHOLARSHIP APPLICATION TO BE CONSIDERED FOR FINANCIAL ASSISTANCE.