



Registration Form 2012/2013

Date Received: _____

Amount paid: _____

Check number: _____

Received by: _____

Date _____

Child's Name _____

Nickname (if any) _____

Child's Birth date _____

Father's Name _____

Mother's Name _____

Address _____

E-mail address _____

Phone Number _____

Names, Ages, Sex of other children in family _____

Family Church Affiliation _____

Does your child have any physical or other conditions that we should know about?

Yes No If yes, please elaborate _____

What do you hope your child will gain by being enrolled in Little Friends of Grace?

Where did you receive information about Little Friend of Grace _____

Little Friends of Grace has my permission to provide our telephone number and address for school purposes.

Date _____ Parent Signature _____

Two-year old classes

W/F morning _____

T/TH morning _____

Three-year old classes

MWF morning _____

T/TH morning _____

PreK 4 year-old classes

MWF morning _____

M-TH morning _____

M-F morning _____

MWF 9:00-2:00 _____