



Date Received: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Check number: \_\_\_\_\_

Received by: \_\_\_\_\_

## Registration Form 2014/2015

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_

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 \_\_\_\_\_