



Date Received:	_____
Amount paid:	_____
Check number:	_____
Received by:	_____

Registration Form 2017/2018

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 _____

Does your child have an IEP/IFSP? Yes No
If yes, would you be willing to share these documents with your child's teachers? Yes No

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, home address or email address for school purposes and to share with CCPS.

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 _____