



2018/2019 Registration Form

Date received _____ Received by _____
Amount received _____ Paid by _____

Student's name	Nickname	Date of birth	Gender
Father's name		Mother's name	
Address (including city, state and zip code)			
Home phone		Family church affiliation	
Cell phone	Father	Work phone	Cell phone
Father's email address		Mother's email address	
	Mother		Work phone

Initial class choice	Class	Time	Monthly Tuition
	Two year old – Tues/Thurs	9:00-12:00	\$190.00
	Two year old – Wed/Fri	9:00-12:00	\$190.00
	Three year old – Tues/Thurs	9:00-12:00	\$190.00
	Three year old – Mon/Wed/Fri	9:00-12:00	\$215.00
	Prek four year old – Mon/Wed/Fri	9:00-12:00	\$215.00
	Prek four year old – M-TH (combined w/M-F)	9:00-12:00	\$240.00
	Prek four year old – M-F (combined w/M-TH)	9:00-12:00	\$260.00
	Prek four year old Mon/Wed/Fri	9:00-2:00	\$280.00

1. Does your child have any allergies or other conditions that we should know about?
 Yes No If yes, please explain _____
2. Does your child currently have an IEP/IFSP? Yes No
 If yes, would you be willing to share these documents with your child's teachers? Yes No
3. Where did you receive information about Little Friends of Grace? _____
4. What do you hope your child will gain by being enrolled in Little Friends of Grace? _____

Please initial

____ Little Friends of Grace has my permission to provide our telephone number, home address or email address for school purposes and to share with Carroll County Public Schools.

____ I am aware that "The Parent's Guide to Regulated Child Care" is available upon request or I may access this document at:
<http://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/parentbrochuremsdedecember2007.pdf>.

I have read and understand all of the statements shown above.

Parent signature

Date