



GRACEPOINTE WEE MDO & PRE-K PROGRAM

2023-2024 REGISTRATION FORM

OFFICE USE ONLY
DATE RECEIVED: _____
Reg. Fee: \$ _____
Tuition: \$ _____
Amount Pd: \$ _____
Check #: _____
Age Group: _____
Days attending: _____

Child's Full Name: _____

First Middle Last

Name Child is called: _____

DOB: ___/___/___ Age on September 1, 2023 _____ Male ___ Female ___

MDO ___ **Pre-K** ___ # of Days Attending (Circle): **2 3** Days (circle): **T W Th**

Street Address: _____

City: _____ State: _____ Zip: _____

Please provide us with any other pertinent information regarding your child that we may find helpful while caring for your child's needs (ex: 2 year old potty trained? In progress? What comforts child?)

Allergies or health concerns (food or otherwise)

Any Additional Information: _____

Parents Information: Child Lives with (check all that apply) Mother___ Father___ Other ___

Mother: _____ Occupation: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Father: _____ Occupation: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Church Affiliation: _____

Has your child ever attended preschool? Yes ___ No ___ If yes, where? _____

Siblings (in order of birth)

_____ DOB ___/___/___

_____ DOB ___/___/___

_____ DOB ___/___/___

Doctor: _____ Phone Number _____

Emergency Contacts/ Authorized to pick up child:

Name	Contact Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature _____