



# GRACEPOINTE WEE MDO & PRE-K PROGRAM

## 2024-2025 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, 2024 \_\_\_\_\_ 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 \_\_\_\_\_