



GRACEPOINTE WEE MDO & PRE-K PROGRAM

2026-2027 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, 2026 _____ Male ___ Female ___

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)

If your child has been diagnosed with autism, down syndrome, fetal alcohol syndrome or has physical or cognitive delays, please explain here: _____

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 _____

Please bring this completed form along with the registration fee of \$115 to your interview.