

WEEKDAY EDUCATIONAL PROGRAM

Grace United Methodist Church
1209 Country Club Road
Newport News, Virginia 23606
757-595-0032

PRESCHOOL REGISTRATION FORM

Child's Name _____ Name Used _____

Birthdate _____ Age _____ Home Telephone _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____

Father's Name	Business Telephone Cell Telephone
Mother's Name Maiden Name	Business Telephone Cell Telephone
Emergency Contact	Telephone Cell Telephone
Child's Physician	Telephone

Previous schools and/or child day care centers attended: _____

Please state chronic physical or medical issues/ pertinent development information /special accomodations needed.

Does your child have an IEP (Individualized Education Program) in place, or have you attended an IFSP (Individual Family Service Plan) meeting? YES _____ NO _____

Church Affiliation _____ Referred by _____

Please state the reason you have chosen to register your child in this preschool.

I have received the handbook for Grace United Methodist Preschool Program, read the section on Tuition and Registration Fees, and agree to the policies and provisions stated therein.

Parent/Guardian Signature: _____ Date: _____

Please indicate the class in which you desire to enroll your child.

- Three Year Old Class _____ Monday, Wednesday & Friday 9:00 a.m.– 12:00 p.m.
- Three Year Old Class _____ Monday through Friday 9:00 a.m.– 12:00 p.m.
- Four Year Old Class _____ Monday through Friday 9:00 a.m.– 12:00 p.m.

I am available _____ not available _____ to help with special programs, activities and/or transportation if needed.

FOR OFFICE USE ONLY

REGISTRATION FEE (non-refundable) _____
SUPPLY FEE (non-refundable – unless family moves out of area before August 1st) _____
DATE PAID _____
CHECK # _____ CASH _____
BIRTH DATE _____ BIRTH PLACE _____
BIRTH CERTIFICATE # _____ DATE OF ISSUANCE _____