



GRACE
 Early Learning Center
Where Children Matter

ENROLLMENT APPLICATION

Please fill in application completely and legibly.

Application is for Full-Day Learning Center 2-day 3-day 4-day 5-day

OR Pre-Kindergarten 2-day 4-day

Child's Name _____
Last First Middle
 Child's Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Date of Birth _____ Sex M F

Mother/Guardian Name: _____
Last First
 Relationship to Child _____ Driver's License # _____
 Address _____
 City _____ State _____ Zip _____
 E-mail Address _____
 Home Phone _____ Cell Phone _____
 Employer _____ Work Phone _____
 Work Address _____
 City _____ State _____ Zip _____

Father/Guardian Name: _____
Last First
 Relationship to Child _____ Driver's License # _____
 Address _____
 City _____ State _____ Zip _____
 E-mail Address _____
 Home Phone _____ Cell Phone _____
 Employer _____ Work Phone _____
 Work Address _____
 City _____ State _____ Zip _____

Parent's marital status Married Divorced Single **Primary Residence** Both Mother Father Guardian

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

Grace Early Learning Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

Enrolling parent/guardian's signature: _____

ENROLLMENT APPLICATION, CONTINUED

Child's Name _____
Last First Middle

The child will be released only to the people on this application and the following persons:

Name _____ Phone _____

Relationship _____ Driver's License # _____

Name _____ Phone _____

Relationship _____ Driver's License # _____

Name _____ Phone _____

Relationship _____ Driver's License # _____

Child's Physician _____ Phone _____

Any allergies or special needs _____

Emergency contact (other than parent)

Name _____ Phone _____

Relationship _____ Driver's License # _____

Has your child been cared for by anyone other than a parent? Yes No

If yes, whom? _____

Please let us know about your child (personality, temperament, fears, etc.) _____

I agree to pay a registration fee of \$50.00 at the time that this form is handed in to Grace Early Learning Center.

I agree to pay, in advance, each week's tuition.

I am aware that I will be charged a fee for payments received after Wednesday.

I am aware that I will be charged for late pick-ups.

I have received my Parent Handbook containing additional policies and procedures.

This institution is an equal opportunity provider.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____