For Office Use Only	**Date Rcvd**_____
	Time Rcvd_____
Imm. Records_____	1 Year _____
App. Fee_____	2 Years _____
Cash/Check_____	3 Years _____
Date_____	4 Years _____

The Grace Place Registration Form 2019-2020

REGISTRATION FORM MUST BE COMPLETED IN IT'S ENTIRETY

- Current Immunization record and Registration Fee are due upon enrollment.

Child's Name_____Nickname_____

Male____Female_____Birthdate_____ Age your child will be on September 1st_____

Home Address_____City_____Zip Code_____

Mother's Cell Phone _____ Father's Cell Phone_____

Mother's Name_____Mother's Driver's License #_____

Mother's Employer_____Work Phone_____

Father's Name_____Father's Driver's License #_____

Father's Employer_____Work Phone_____

Preferred Email Address_____

Church Affiliation_____Member? Yes No

Please list anyone who will be allowed to pick up your child from The Grace Place. Those listed will also be called in case of an emergency if parents cannot be reached.

Name_____Phone_____DL#_____

Name_____Phone_____DL#_____

Name_____Phone_____DL#_____

Name_____Phone_____DL#_____

Name_____Phone_____DL#_____

Medical Information

Child's Special
Needs/Allergies_____

Doctor_____Phone_____

In case an emergency, I give my permission to The Grace Place personnel to seek medical treatment for my child, _____. In the event that hospital care is required, I prefer that treatment be sought at _____.
I understand that a conscientious effort will be made to locate me before any action is taken.

Parent
Signature_____Date_____

Child's Personal Information

Is your child toilet trained?_____
(All children 3 years old and older must be toilet trained in order to attend The Grace Place. Teachers will assist younger children when toilet training.)

Siblings:
Name_____M_____F_____Age_____Attends The Grace Place?_____

Name_____M_____F_____Age_____Attends The Grace Place?_____

Name_____M_____F_____Age_____Attends The Grace Place?_____

Name_____M_____F_____Age_____Attends The Grace Place?_____

Pets_____Favorite Toy_____

Favorite Activities_____

_____

Other Information or Special Instructions_____

_____

_____

I have read the enclosed Handbook and agree to abide by the policies of The Grace Place, a ministry of Grace Baptist Church.

Parent Signature_____Date_____