



Date Rec'd _____
Amount Rec'd _____
Check/MO# _____

GRACE BIBLE CHRISTIAN PRESCHOOL AND KINDERGARTEN
APPLICATION 2020/2021

DATE _____

CIRCLE ONE:

T/TH AM 3s

T/TH PM 3s

M/W/F AM 4s

M-F AM PreK

M-F PM PreK

M-F AM Kindergarten

CHILD'S NAME _____ BIRTHDATE _____

NAME TO BE USED IN SCHOOL _____

ADDRESS _____

EMAIL ADDRESS _____

PRIMARY PHONE _____ SECONDARY PHONE _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

NAMES, AGES, SEX OF OTHER CHILDREN IN THE FAMILY _____

FAMILY CHURCH AFFILIATION _____

IS YOUR CHILD RECEIVING SUPPORT SERVICES (i.e. speech, occupational therapy, etc.) AT THIS TIME? _____

IF SO, PLEASE ELABORATE _____

DOES YOUR CHILD HAVE ANY PHYSICAL OR OTHER CONDITIONS WE SHOULD KNOW ABOUT? _____

IF SO, PLEASE ELABORATE _____

HOW DID YOU HEAR ABOUT GRACE BIBLE CHRISTIAN PRESCHOOL AND KINDERGARTEN? _____