



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

GRACE BIBLE CHRISTIAN PRESCHOOL AND KINDERGARTEN  
APPLICATION 2023/2024

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 FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME TO BE USED IN SCHOOL \_\_\_\_\_ GENDER M F

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? \_\_\_\_\_