

# Graceful Beginnings

# Student Registration 2024-2025

Please circle the class in which you would like to enroll your child. A non-refundable \$35 fee is due with this form. Pd. \_\_\_\_\_

## 4's (Mon/Wed/Fri 9-11:30 am) \$115/month

Birthdate: \_\_\_\_\_

Child's Name \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Eating habits: \_\_\_\_\_

Language concerns: \_\_\_\_\_ Toilet Concerns: \_\_\_\_\_

Sleeping Habits: \_\_\_\_\_

Health Problems/Concerns (Allergies): \_\_\_\_\_

Previous Preschool Experience: \_\_\_\_\_

What are your hopes for your preschooler? \_\_\_\_\_

\_\_\_\_\_

### Family Information

Mother/Stepmother/Guardian: \_\_\_\_\_ Father/Stepfather/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employment: \_\_\_\_\_ Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

## Emergency Contact Information

Please list two people to notify in case of emergency in the event that a parent/guardian cannot be reached.

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

I authorize Graceful Beginnings Preschool to secure emergency medical care for my child when I/we cannot be immediately reached at the time of the emergency. We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I authorize Graceful Beginnings Preschool to take my child on walking trips and to nearby public park facilities. I authorize my child to ride as a passenger in the vehicle of another licensed adult. I understand all trips are under supervision of Graceful Beginnings and I will provide an appropriate car seat or booster seat for my child as needed for these trips.

Parent/Guardian Signature: \_\_\_\_\_

I understand that religious instruction is a part of the overall curriculum. I understand that this teaching will include Bible stories, praying to start the day and before snack, Scripture verses and moral training.

Parent/Guardian Signature: \_\_\_\_\_

I agree to pay tuition in the amount of (\$80,110,135 per month) to Graceful Beginnings Preschool. I understand that each monthly payment is due on the first of each month and is due no later than the fifteenth of the month. I understand a late payment fee of \$10 will be assessed and that three consecutive months without payment will result in the mandatory withdrawal of my child from Graceful beginnings Preschool and the past due amount paid.

Parent/Guardian Signature: \_\_\_\_\_

### Class Phone Book

We will compile phone numbers of each child to make a class phone book. Please indicate if you would like to be included in the class phone list.

\_\_\_ **Yes**, I would like my child's name on the list      \_\_\_ **No**, I would not like our family's number on that list.

Child's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### Website/Publicity Authorization

I understand that pictures of the children participating in various classroom activities are used for publicity within Grace Church's and Graceful Beginnings Preschool's websites. Please check one and sign.

\_\_\_ I give permission for Graceful Beginnings to use photographs of my child in publicity for the school or its website.

\_\_\_ I do not wish to have my child included in any photographs used for publicity on the school website.

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_