

Grace Preschool Enrollment Application
2026-2027 School Year

1 of 2

Name:	Birth Date:	Age by Sept.1
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Previous School Experience:

Family Information:			
Mother's Full Name:		Mother's Address:	
Mother's Phone Numbers:	Cell: Work:	Mother's Email:	
Father's Full Name:		Father's Address:	
Father's Phone Numbers:	Cell: Work:	Father's Email:	

Class Placement: Please note, class placement may change based on child's needs as recommended by classroom teacher.

Monthly Tuition: 3 days = \$195.00 4 days = \$215.00 5 days = \$ 245.00

Requested Class Days/Times: Please check the requested days.

Check Class:	Class	Mon.	Tues.	Wed.	Thurs.	Fri.
	3-Year-Old morning (9-11:30 AM) (Choice of 3,4, or 5 days per week)					
	Pre-K (4's) morning (9-11:30 AM) (Choice of 3,4, or 5 days per week)					
Second Choice Days:						

Financial Information:			
Child's Name:			
Person Responsible for Payment:			
Name:		Phone:	
Address:		Email:	

Signature of Responsible Party

Date

Please return this application along with your \$75.00 non-refundable fee. All fees must be paid by check or money order, made payable to Grace Preschool. If there is more than one child attending Grace Preschool during the same school year, you will receive a 10% tuition discount for each additional child. The application fee of \$75.00 will be required for each child applying.

Parent Signatures:

Our signatures on this form indicate that we wish to enroll our child in Grace Preschool. We attest that the information provided is correct to the best of our knowledge. We understand that we must supply all supporting documentation and will be notified in writing of our child's enrollment status in the Grace Preschool.

Signatures

Date

Office Use Only:

Assigned Class: _____ Days: _____

Check Number _____

Date Registration Received: _____ Start Date: _____