



## Grace Preschool Enrollment Application 2021-2022

CHILD'S NAME \_\_\_\_\_

AGE on September 30, 2021 \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME of Parent/Guardian \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Are you a member of Grace Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Fully potty trained as of today's date? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE CHECK PROGRAM SELECTION:

\_\_\_ REGULAR DAY (7:30-3:00) \$500

(Our instructional day will begin at 9AM, children may arrive anytime between 7:30 and 9:00)

\_\_\_ AFTER CARE (3:00-5:00) \$75

Registration fee of \$125 per child is due with form.

\*\*\* Registration fees NON-REFUNDABLE\*\*\*

11621 Ferdinand Street • P.O. Box 28 • St. Francisville, LA 70775 • 225.635.4030

Students will not be considered for registration until these required forms are completed and requested documents returned by March 31, 2021.

- \_\_\_ Enrollment Application
- \_\_\_ Registration Form
- \_\_\_ Medical Form
- \_\_\_ Copy of Current Immunization Records
- \_\_\_ Non- Refundable Registration fee of \$125

\*\* You will be notified that you have been accepted or placed on waiting list before the end of May. *Handing in the completed packet does not mean that your child is accepted.* We can only accept 25 students.

\*Please note Grace Preschool charges an annual tuition. For your convenience, payments can be paid in nine monthly installments: August – April. These payments are due by the 5<sup>th</sup> of each month. Tuition may also be paid in full if you choose.

\*\*We accept payments in the form of check, money order, or auto draft. Checks and money orders must be made payable to *Grace Preschool*.

\*\*A supply fee of \$250 and last month's tuition of \$500 is to be paid at time of acceptance. This will ensure your child's spot. This fee and tuition payment are **NON-REFUNDABLE** for any reason.

## Grace Preschool Registration Form

Child's Full Name: \_\_\_\_\_

Name used at home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Potty Trained as of today's date:    Yes    No

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

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

E-mail Address: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer \_\_\_\_\_

Siblings (age, name, school): \_\_\_\_\_

\_\_\_\_\_

School/ daycare child previously attended \_\_\_\_\_

Religious Affiliation/ Denominational Preference: \_\_\_\_\_

Church you attend: \_\_\_\_\_

A non-refundable enrollment fee of \$125 must accompany this form in order to secure a place for your child on the list of registrants.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MEDICAL INFORMATION**

YOUR CHILD'S DOCTOR \_\_\_\_\_ YOUR CHILD'S DENTIST \_\_\_\_\_

LIST ANY MEDICAL OR PHYSICAL PROBLEMS THAT YOUR CHILD HAS SUCH AS ASTHMA, HEART CONDITION, ALLERGIES, ETC.

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IF IN A MEDICAL EMERGENCY, WE ARE NOT ABLE TO CONTACT YOU, DO WE HAVE YOUR PERMISSION TO TRANSPORT YOUR CHILD TO THE HOSPITAL?

YES or NO

IF IN AN EMERGENCY, WE ARE NOT ABLE TO CONTACT YOU, DO WE HAVE YOUR PERMISSION FOR YOUR CHILD TO BE TREATED IN THE EMERGENCY ROOM?

YES or NO

HAS YOUR CHILD HAD ANY DIFFICULTY WITH HIS/HER HEARING OR VISION? YES NO  
IF YES, PLEASE EXPLAIN

\_\_\_\_\_

HAS YOUR CHILD EVER HAD A SEIZURE? IF YES, WHEN, WHAT TYPE AND LIST MEDICATION.

\_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, PLEASE EXPLAIN AND LIST ANY SPECIAL PRECAUTIONS NECCESARY.

\_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS? IF YES, PLEASE NAME MEDICATION AND CONDITION. \_\_\_\_\_

**GENERAL HEALTH HABITS**

Rest: Bedtime \_\_\_\_\_ Afternoon Nap? \_\_\_\_\_ Time? \_\_\_\_\_

Elimination: Any problems with toilet habits \_\_\_\_\_

Emotional Development: Fears: \_\_\_\_\_

Physical Development: Delays: \_\_\_\_\_

Concerns: \_\_\_\_\_

Any previous developmental testing/concerns YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Please add any other information you might wish which will contribute to a better understanding of your child and his/her needs. \_\_\_\_\_