

KIDS OF GRACE
REGISTRATION FORM 2023-2024
email to kogregistration@gcpcpa.org

Child's name _____ Birth date _____

Preferred name _____ Male Female

***Please indicate your FIRST (1), SECOND (2) and if applicable THIRD (3) choice preferences in the boxes below. ***

Class request:

- | | |
|---|---|
| <input type="checkbox"/> Twos: Mon/Wed | <input type="checkbox"/> Twos: Tue/Thu |
| <input type="checkbox"/> Threes: Mon/Wed/Fri | <input type="checkbox"/> Threes: Tues/Thurs <input type="checkbox"/> Threes: Mon-Fri. |
| <input type="checkbox"/> Fours: Mon/Wed/Fri | <input type="checkbox"/> Fours: Mon-Thurs <input type="checkbox"/> Fours: Mon-Fri |
| <input type="checkbox"/> Kindergarten Mon-Fri | |

Parent/Guardian _____

Address _____
Street number, etc.

city state ZIP
Phone 1 _____ Phone 2 _____

Email _____

I understand that all paperwork, including the health form with current immunizations signed by physician and original birth certificate must be completed and turned in to the Kids of Grace Office for my child to begin in the program. Please turn in paperwork prior to Friday, June 2, 2023. My child's space will only be guaranteed after the non-refundable registration fee has been paid. I have 5 business days to pay the registration fee in order to secure my child's space.

Parent/Guardian Signature _____ Date _____

Registration Fee for ALL non-Kindergarten Classes \$185

Registration Fee for Kindergarten Classes \$235

Non-refundable annual registration fee - amount paid \$ _____ check # _____
(Make check payable to Kids of Grace)

Received by _____ Date _____ Enrollment Pack _____