

Grace Church announces

the formation of . . .

**GRACEFUL**  
**Beginnings**  
**PRESCHOOL**

starting this fall for

3's, 4's, and Pre-K students

**Applications still being accepted.**

**First day of School is**

**September 7th!**

Graceful Beginnings was formed to provide an atmosphere of Kindergarten readiness learning through play and activities with Christian beliefs embedded throughout the daily curriculum. Our purpose is to provide a preschool where children three, four and five years old can grow socially, cognitively, behaviorally, physically, and spiritually in a fun and safe classroom.

3's Mon. & Wed. 9-11am \$65 a month

Pre-K & 4's Mon. Wed. Fri. 9-11:30am \$95 a month

Applications can be picked up at

Grace Church,

1311 W. Hovey or at [Gracenormal.org](http://Gracenormal.org)

For questions call 452-5076

Graceful Beginnings

Student Registration 2011-2012

Please circle the class in which you would like to enroll your child: A non-refundable \$35.00 fee is due with this form. Pd. \_\_\_\_\_

3's (Monday and Wednesday 9-11a.m.)

4's/Pre-K (Mon.,Wed., Fri. 9-11:30a.m.)

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

Child's Name \_\_\_\_\_ Sex: M or F

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

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

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

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

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

Sleeping habits: \_\_\_\_\_ Play 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 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of employment: \_\_\_\_\_ Place of 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 can not be reached.

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

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

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

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

Telephone: \_\_\_\_\_ 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 (\$65,\$95,\$120 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 will be assessed a \$10.00 fee 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.

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 to have my child's name on the list  No, I would not like our family's number on the list.

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

Parents 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's and Graceful Beginnings Preschool's website. 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 of on the school website.

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