



## Registration 2022- 2023

CHILD'S NAME \_\_\_\_\_ (M) \_\_\_ (F) \_\_\_ BIRTHDATE \_\_\_\_\_

NAME CHILD IS CALLED (if different from above) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Day Care provider (if applicable) NAME \_\_\_\_\_ PHONE \_\_\_\_\_

WHERE DO YOU ATTEND CHURCH? \_\_\_\_\_

OTHER CHILDREN IN FAMILY:

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

HAVE ANY SIBLINGS ATTENDED THIS PRESCHOOL? YES \_\_\_ NO \_\_\_

IF YES, NAME OF CHILD AND YEAR ATTENDED \_\_\_\_\_ YEAR \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE:

ALLERGIES: \_\_\_\_\_

EMOTIONAL PROBLEMS: \_\_\_\_\_

PHYSICAL PROBLEMS: \_\_\_\_\_

**ALL CHILDREN MUST BE ABLE TO USE THE RESTROOM INDEPENDENTLY BEFORE ENROLLING**

PLEASE INDICATE YOUR PREFERENCE: 4/5 year old (M-W-F) \_\_\_ or 3/4 year old (T-TH) \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED SIGNATURE: \_\_\_\_\_

**A \$50.00 NON-REFUNDABLE REGISTRATION FEE IS REQUIRED WITH THIS FORM.  
CHECKS SHOULD BE MADE OUT TO: GRACE POINT PRESCHOOL**

RETURN REGISTRATION FORM AND FEE TO THE PRESCHOOL IN A SEALED ENVELOPE. MAIL TO:  
**GPPS, PO BOX 104, NAPPANEE, IN 46550**

**REGISTRATIONS ARE CONSIDERED ON A FIRST REGISTERED BASIS. RETURN THEM AS SOON AS POSSIBLE.**

**LIMITED SCHOLARSHIPS ARE AVAILABLE. YOU MUST FILL OUT A SCHOLARSHIP APPLICATION TO BE CONSIDERED.**