



REGISTRATION FORM

(Must be returned with registration fee of \$30 for child to be admitted)

33 W. Dixon Ave., Dayton, OH 45419
(937) 528-2311

OFFICE USE ONLY	
DATE	_____
TIME	_____
RF	_____
SL	_____

I am registering my child for

(Please mark your 1st choice & 2nd choice)

_____ **Busy Bees** (8:45-11:15) **Mondays & Wednesdays**
(must be 2 1/2 yrs. by their first day)

_____ **2-Day Explorers** (8:45 -11:15) **Tuesdays & Thursdays**
3-Year olds (must be 3 by Sept. 30)

_____ **3-Day Explorers** (8:45 -11:15) **Mondays, Tuesdays & Thursdays**
3-year olds (must be 3 by Sept. 30)

_____ **Investigators AM** (8:45 -11:15) **Mondays, Tuesdays & Thursdays**
4-year olds

_____ **Investigators PM** (12:15-2:45) **Mondays, Tuesdays & Thursdays**
4-year olds

_____ **Kindergarten Prep AM** (8:45 -11:15) **Mon., Tues., Wed. & Thurs.**
For children planning to attend kindergarten the following school year

_____ **Kindergarten Prep PM** (12:15 - 2:45) **Mon., Tues., Wed. & Thurs.**
For children planning to attend kindergarten the following school year

Full name of child: _____ Date of Birth: _____

Home address: _____ City/Zip: _____

Home Phone: (____) _____ - _____ Email: _____

Father's name: _____

Occupation: _____ Employer: _____

Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Mother's name: _____

Occupation: _____ Employer: _____

Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Other children at home: Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Primary Emergency Contact: (person other than parent to be contacted in case of emergency)

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Any additional information, medical or otherwise, that may be useful to the preschool staff:

I hereby request that my child be enrolled in Grace Learning Academy. I understand that my child is registered for the full school term and tuition is due whether or not my child is able to attend classes. In the event of necessary withdrawal, two weeks notice to the Director is required. My signature indicates that I have read and will abide by all rules.

Date

Signature of Parent or Guardian

Please list those persons who are authorized to pick up your child from preschool. If you make plans for anyone else to do this, you must send a signed and dated note with your child on the morning this is to occur. We will then release the child after checking a picture I.D.

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

**Grace Learning Academy MUST BE NOTIFIED IMMEDIATELY OF ALL
CHANGES CONCERNING ANY OF THE INFORMATION ON THESE FORMS.
THANK YOU.**