



Grace United Methodist Preschool

5407 North Charles Street • Baltimore, Maryland 21210 **t:** 410.532.2235 • **f:** 410.532.7919 • **e:** grace_preschool@hotmail.com

APPLICATION/REGI	STRATION FO	RM: 20	17-2018				
☐ New Student ☐ Re	turning Student						
Full year programs: ☐ Tw	os 🗌 Threes	Fours	☐ Kinder	garten			
Half year program: ☐ Jar	nuary Twos						
PERSONAL DATA:							
Child's full name							
Preferred name		Birth Date (mm/dd/yyyy)		уууу)	Gender		
					☐ Male ☐ Female		
Mailing address							
City					State	Zip Code	
Home phone (including area code)			Email addre	ail address			
PARENT'S DATA:							
Mother's full name				Occupation			
Business phone (including area code)				Cell phone (including area code)			
Father's full name					Occupation	1	
Business phone (including area code)			Cell phone (including area code)				
Church affiliation			 	Are vou	a member of	Grace United Methodist?	
				🖸 Yes 🛛 No			
EDUCATIONAL DATA:							
Prior preschool or program attended			List other activities your child has attended				
OTHER DATA:							
Siblings who have attended Grace Preschool			Did you apply to Grace Preschool last year? O Yes No				
How did you hear about Grad	e Preschool?						
Enclosed	is the \$25.00 appl	ication/re	egistration	fee, wh	nich is non-re	efundable.	
	Please make ch	ecks pay	able to: Gr	ace Pre			
Parent signature				Date (mm/dd/yyyy)			