

Office Use Only

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Fee \_\_\_\_\_

Copy to Robin \_\_\_\_\_

M T W Th F

**GRACE FAMILY DAYCARE & PRESCHOOL**  
 375 Hills Miller Road Delaware, Ohio 43015 (740) 363-7823

APPLICATION FOR ENROLLMENT

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment, residence or phone numbers.

CHILD'S INFORMATION

Child's name \_\_\_\_\_

Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

PARENT'S INFORMATION

MOTHER

FATHER

Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Child lives with:  both parents  mother  father  joint custody

I will bring my child to school at about \_\_\_\_\_ AM. I will pick up my child at about \_\_\_\_\_ PM.