

2018 – 2019: New enrollment Re-enrollment Start date: _____

Student first name: _____ Last name: _____

Phone number: _____ Date of birth: Male Female

Class option: Infant Toddler 3-Preschool 4-Preschool 5-PreK Plus

<p>Days option (first choice):</p> <p>5 days per week M—F <input type="checkbox"/> AM <input type="checkbox"/> Full day only: <input type="checkbox"/></p> <p>3 days per week M/W/F <input type="checkbox"/> PM <input type="checkbox"/> School year <input type="checkbox"/></p> <p>2 days per week T/Th <input type="checkbox"/> Full day <input type="checkbox"/> Year round <input type="checkbox"/></p> <p>Days option (second choice):</p> <p>5 days per week M—F <input type="checkbox"/> AM <input type="checkbox"/> Full day only: <input type="checkbox"/></p> <p>3 days per week M/W/F <input type="checkbox"/> PM <input type="checkbox"/> School year <input type="checkbox"/></p> <p>2 days per week T/Th <input type="checkbox"/> Full day <input type="checkbox"/> Year round <input type="checkbox"/></p>	<p>PreK Plus only:</p> <p>Full Day M—F <input type="checkbox"/></p> <p>Full Day T/W/Th <input type="checkbox"/></p> <p>Half Day M—F <input type="checkbox"/> AM <input type="checkbox"/></p> <p>Half Day T/W/Th <input type="checkbox"/> PM <input type="checkbox"/></p> <p>PreK Plus only:</p> <p>Full Day M—F <input type="checkbox"/></p> <p>Full Day T/W/Th <input type="checkbox"/></p> <p>Half Day M—F <input type="checkbox"/> AM <input type="checkbox"/></p> <p>Half Day T/W/Th <input type="checkbox"/> PM <input type="checkbox"/></p>
--	---

Are you applying for the ministry support discount? (Grace Polaris Church only) Yes No

Are you applying for the multi-child discount at the ECC? (Full day/year round families) Yes No

Siblings enrolled at the Grace Early Childhood Center: _____

Church attending (if applicable): _____

How did you hear about Grace ECC? _____

Payment option (choose one):

- Annual Payment (2% discount if paid by July 10 or 10 days after the date of billing)
- Monthly tuition payments

Parent e-mail address: _____

This will be used to send important reminders throughout the year.

E-mail address of financially responsible person: _____

This will be used to send your invoice.

By signing below, I agree that I have read, understand, and will abide by the tuition policy.

 Printed name of financially responsible party

 Signature of financially responsible party

Date: _____

Office use only:

Date: _____ Registration fee paid: Check # _____ Procure _____
 Cash # _____