

Grace CDC
639 Georgia Ave.
N. Augusta, SC 29841

Office use:
\$ ___ Reg. fee
Class _____
Start date _____

Grace Child Development Center Registration Form, 2019-2020

Circle class(es):

Preschool: 5K 4K (5day) 4K (3day) 3K (5 day) 3K (3day) 3K (2day) Y 3s
Children's Day Out: M/Th Wed

Child's Full Name: _____ Name to be called: _____
Sex: _____ Birthdate: _____ Primary phone# _____

Address: Street _____
City _____ State _____ Zip _____

E-mail Address _____

Father's name: _____ Father's work: _____
Father's work phone: _____ Father's cell phone: _____

Mother's name: _____ Mother's work: _____
Mother's work phone: _____ Mother's cell phone: _____

Child primarily lives with: Both parents mom dad other: _____
Please list all people in the home and any special circumstances: _____

Allergies or specific health problems: _____

Child's physician and Phone # _____

Emergency contacts (Name/Address/Phone Number)

1. _____
2. _____

Program Attended Last Year: Grace _____ None _____ Other _____
Grace United Methodist Member? Yes No
Other church attending (optional) _____

Preschool Registration Fees and monthly tuition:

Young 3's and 3K (2 day)	\$120	4K (3 day)	\$160
3K (3 day)	\$160	4K (5 day)	\$200
3K (5 day)	\$200	5K (5 day)	\$210

CDO Registration Fees and tuition:

CDO (M/Th): \$75 Reg, \$16/day tuition CDO (Wed): \$50 Reg, \$16/day tuition
(CDO fees are \$16/day for the number of days the CDC is open each month.)

I understand that the above registration fee is due to hold my child's spot and that it is non-refundable. I understand that the monthly tuition is due by the 5th of each month and is charged monthly, regardless of attendance. I also understand that my child must be toilet trained to enter 3K.

Parent's Signature and Date: _____

Teacher Preference _____