Virtutis · Fides · Scientia
GRACE CHRISTIAN SCHOOL
est. 1980

JUNIOR KINDERGARTEN REGISTRATION FORM

Date child is eligible for junior kindergarten – Fall of _____ Full Day_____ Part Time_____

Student's name _____
First Middle Surname

Birth date: _____
Month Day Year **Gender: __ Male __ Female**

Mailing Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

Father: _____ **Work Phone Number:** _____

Mother: _____ **Work Phone Number:** _____

Marital Status: _____ **Email:** _____

Condition of Health: _____ Good _____ Fair _____ Poor

List any life-threatening disabilities or allergies:
_____

Has your child attended previous daycare? ____ If so, where? _____

Church you now attend: _____

Signature of Parents: _____ _____
Mother **Father**

Date of Application: _____

Please note the following:

1. **Registration fee is $250, non-refundable**
2. **Registration fee confirms your spot**
3. **Tuition payment method: ____ Full tuition**
   ____ 10 post-dated cheques beginning September
   ____ 12 post-dated cheques beginning July

Is there someone we can thank for referring you to GCS?

NAME: _____

Phone Number: _____

CHILD MUST BE 4 BY DECEMBER 31
CHILD MUST BE TOILET TRAINED

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