



**OUR LADY OF GRACE PARISH  
PRESCHOOL REGISTRATION FORM**

**2010 – 2011**

**Sundays 9:30 – 10:30 am**

**PLEASE PRINT CLEARLY**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Number

Street

City

Zip

Father's Name \_\_\_\_\_

First

Last

Mother's Name \_\_\_\_\_

First

Maiden

Last

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Who will bring child to class? \_\_\_\_\_

Father or Mother's Signature \_\_\_\_\_

Does this child have any diet restrictions or food allergies? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Does this child have any chronic conditions or physical limitations? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Are you a registered parishioner? \_\_\_\_\_

If no, would you like to register as a parishioner? \_\_\_\_\_

In case of emergency you may release my child to the following person:

\_\_\_\_\_  
Name Address phone relation to you

**For office use only**

Fee \$50.00

Deposit \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_