



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

**2009 – 2010**

**Sundays 9:30 – 10:30 am**

**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
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**For office use only**

**Fee** \$50.00  
**Deposit** \_\_\_\_\_ **Check** \_\_\_\_\_ **Cash** \_\_\_\_\_  
**Date** \_\_\_\_\_