



"In Worship and Learning, We Glorify God."

School Year: 2020/2021
2-Year Old Program Registration Form

Registration Fee: \$75.00

Date: _____

I understand that this fee is non-refundable: _____

Parent's Signature

Child's Name _____
Last First Middle

Address: _____
Street Town Zip

Gender: _____ **Date of Birth:** _____ **Home Phone #:** _____

Father's Name: _____ **Mother's Name:** _____

Occupation: _____ **Occupation:** _____

Employer: _____ **Employer:** _____

Work #: _____ **Work #:** _____

Cell #: _____ **Cell #:** _____

Email: _____ **Email:** _____

Siblings (Name and Age): _____

Church Affiliation: _____

Doctor's Name: _____ **Phone #:** _____

Doctor's Address: _____

Emergency Contacts: (if parents cannot be reached)

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

Please select program time preferred: (A \$20.00 administrative fee will be applied for a program change.)

A.M. _____ **9:15 am to 11:15 am**

P.M. _____ **12:45 pm to 2:45 pm**

Please turn over →

GRACE LUTHERAN CHURCH AND SCHOOL
400 Hempstead Avenue Malverne, NY 11565 Phone: 516-599-6557 Fax: 516-599-6151
Email: grace@glcas.org

Educational Information

Has your child had previous experience? Yes / No

If yes, where? _____

How did you hear about our school? _____

Give us a brief explanation for sending your child to our school: _____

Were you referred to the school? YES / NO

If yes, provide name _____

NAME RELEASE

I give permission for my child's name, parent(s) name(s), address and phone number to appear on a class list - which will be distributed to the parents of children in the class.

Parent's Signature Date: _____

PHOTO PUBLICITY RELEASE:

I grant permission for any photographs involving my child while a student at Grace Lutheran Pre-school to be used in connection with publicity for the school.

Parent's Signature _____ Date: _____

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