

Today's Date: \_\_\_\_\_

Please Fax this form to: 615-754-6058

Grace United Methodist Preschool  
Preschool Interest, Family Information Page

Child's Name: _____	Current Age: _____
Birthdate or Due Date: _____	

*(If more than one child...)*

Child's Name: _____	Current Age: _____
Birthdate or Due Date: _____	

Parent Contact Information

Mother's Name: _____
Best phone number: _____ additional phone: _____
Email: _____
*****
Father's Name: _____
Best phone number: _____ additional phone: _____
Email: _____

**Circle the Preschool schedule you are seeking:**

**Preschool Programming, 9am-2pm hours only**

(M-F --5 days a week) (MWF—3 days a week) (TTH—2 days a week)

**OR Preschool's Extended Hours Program**

**(longer day beyond regular class-time) available 6:30am-5:45pm)**

(M-F --5 days a week) (MWF—3 days a week) (TTH—2 days a week)

Extended Program estimated arrival & pick up times: \_\_\_\_\_ & \_\_\_\_\_  
(arrival) (pick up)

Desired Enrollment Date: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

*This form serves as an interest form for future enrollment, but does not guarantee enrollment*