Kim McGehee, Director
931-455-9836

GRACE
GROW IN GRACE PRESCHOOL

Fall Registration Form

Registering for (check box):

☐ **PS1 - One Year Old Class**
☐ **PS2 - Two Year Old Class**
☐ **PS3 - Three Year Old Class**
☐ **PS4 - Four Year Old Class**

_____

First Name **Middle Name** **Last Name**

Name child is to be called: _____ ☐☐Male ☐☐Female

Date of Birth: _____ Age at enrollment _____

Address: _____

City, State, Zip_____

Mom's Name: _____ Dad's Name: _____

Mom's Bus. Phone: _____ Dad's Bus. Phone_____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Child's Doctor: _____ Phone: _____

Sibling Names & Ages: _____

Alternate person to contact in case of emergency (*must be someone in Tullahoma*):

Name: _____Phone_____

Special Instructions/medications/allergies etc.: _____

_____

Food Allergies: _____

Church Affiliation (optional): _____

Would you be willing to volunteer at the preschool: ___each week ___ occasionally

Office Use Only: Registration Fee Paid: _____

Grace Baptist Church
1901 Ovoca Road
Tullahoma, TN 37388