



Preschool Enrollment Form 2019-2020

Child's Name _____ Birth Date _____ Gender _____

Enrolling Parent's Name(s) _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ - _____ Cell Phone mom (_____) _____ - _____

Cell Phone dad (_____) _____ - _____

Email _____ Church affiliation _____

Special Conditions or allergies: _____

Class Selection

- _____ 3's Tuesday/Thursday 7:55-10:30 am
- _____ 4's Monday/Wednesday/Friday 7:55-10:30 am
- _____ 4's Spanish Monday/Wednesday/Friday 12:00-2:30 pm
- _____ All-day English/Spanish Immersion 7:55-2:30 pm
- _____ All-day Tuesday/Thursday 7:45-2:30 pm
- _____ All-day Monday/Wednesday/Friday 7:45-2:30 pm
- _____ All-day Monday-Friday 7:45-2:30 pm
- _____ Interest in before/after school care 7:00-7:45 am/2:30-5:30 pm
*Included with cost of all-day preschool

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Grand Haven Christian - 1102 Grant Ave - Grand Haven, MI 49417
616.842.5420 - grandhavenchristian.org

