



Preschool Enrollment Form 2018-2019

Child's Name _____ Birth Date _____ Gender _____

Special Conditions or allergies: _____

Enrolling Parent's Name(s) _____

Address _____

City/State/Zip _____

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

Cell Phone dad (____) _____ - _____

Email _____ Church affiliation _____

Class Selection

_____ 3's Tuesday/Thursday 7:55-10:30 am

_____ 4's Monday/Wednesday/Friday 7:55-10:30 am

_____ 4's Monday/Wednesday/Friday 12:10-2:45 pm

****Must have a minimum of 12**

_____ 3-5's Tuesday/Thursday 7:45-2:30 pm

_____ 3-5's Monday/Wednesday/Friday 7:45-2:30 pm

_____ 3-5's Monday - Friday 7:45-2:30 pm

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

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

