

# Gracie's Place Preschool Registration Form

Child's Name:

Age:

Birthday :

Please circle the days you would like your child to attend Preschool:

(Preschool days are Tuesday/Wednesday and Thursday from 11:00-2:00)

Tuesday 11-2pm

Wednesday 11-2

Thursday 11-2

(We recommend your child attending all 3 days or min. 2 days)

*Please answer the following questions to the best of your ability. The intent is to get to know your child better.*

What are your child's strengths?

What are your child's weaknesses?

How would you describe your child's personality?

What are your goals for your child over the next year?

Name of parent completing this form: \_\_\_\_\_ Date: \_\_\_\_\_