

Please return completed application to:

UCC Community Preschool
Kelli Johnson
PO Box 322
Grinnell, IA 50112
641-236-3112-Fax

UCC Community Preschool

Application Form

www.grinnelluccpreschool.com

Today's Date: _____

Registering for the 20__ - 20__ school year.

STUDENT'S INFORMATION

Child's First Name: _____ Child's Last Name: _____

Name Child Goes By: _____ Date of Birth: _____

Child's Primary Address: _____

Home Phone Number: (____) ____ - ____ Contact Number: (____) ____ - ____

Gender: Male Female Age of Child at start of preschool: _____

Special Needs/Concerns: _____

PARENT OR GUARDIAN INFORMATION

1. Last Name: _____ First Name: _____

Relationship to Child: _____ Cell Phone #: (____) ____ - ____

Address: _____

Employer: _____ Work Phone #:(____) ____ - ____

E-mail address: _____

2. Last Name: _____ First Name: _____

Relationship to Child: _____ Cell Phone #: (____) ____ - ____

Address: _____

Employer: _____ Work Phone #:(____) ____ - ____

E-mail address: _____

Please indicate which session you would like. Please put a 1 for 1st choice and a 2 for 2nd choice.

____ M/W/F 8:00-11:30-4 year olds

____ T/TH 8:00-11:30-3 year olds

____ M/T/TH/F-12:00-2:30-Mixed ages

I agree to allow the Grinnell Newburg School District Statewide VPP program to share information with the community partners to ensure all Grinnell area students are being served in a preschool setting.

Parent(s) Signature