

Grace Preschool



Preschool Form of Interest

Thank you for your interest in **Grace Preschool**. If you would like to participate in a tour of the school please call **(515) 279-5942 ext 0**. Enrollment is based upon the wait list with preference being given to currently enrolled siblings and members of the Grace United Methodist Church.

Please check all that apply:

_____ 2's _____ 3's _____ 2's/3's mix AM _____ 4's AM UPK _____ 4's UPK Full Day

Full time or part time hours/days: _____

Start date: _____ Elementary School and District: _____

Child's Name:

Last: _____ First: _____

Birth date: _____ Male _____ Female _____

Does this child have an older sibling who has attended **Grace Preschool** or one who will attend **Grace Preschool**?

Sibling name _____ Yr. _____ Are you a church member? _____

Both Parents/Guardians names:

Last: _____ First: _____

Last: _____ First: _____

Address _____ City _____ St _____ Zip _____

Phone (home/cell): _____ Email: _____

Phone (home/cell): _____ Email: _____

Please be sure to return your form to:

Grace Preschool
Attn: Ashley Wissler
3700 Cottage Grove Avenue
Des Moines, Iowa 50311
ashleywissler@gracedesmoines.org

*****FOR OFFICE USE ONLY*****

Date Received _____ Contact Date _____