

# 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: Kalee Dykhouse  
3700 Cottage Grove Avenue  
Des Moines, Iowa 50311

[kaleedykhouse@gracedesmoines.org](mailto:kaleedykhouse@gracedesmoines.org)

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

Date Received \_\_\_\_\_ Contact Date \_\_\_\_\_