



GRACE NEIGHBORHOOD NURSERY SCHOOL

1430 West 28th Street, Minneapolis, MN 55408 612.872.8131 FAX 612.872.1651

REGISTRATION CARD

Child's Name: _____

Parent's Name: _____

Please indicate first and second choices:

2-day (M/F) ___ a.m. (9:00 - 11:30) ___ p.m. (12:45 - 3:15) ___ Either a.m. or p.m.

3-day (T/W/Th) ___ a.m. (9:00 - 11:30) ___ p.m. (12:45 - 3:15) ___ Either a.m. or p.m.

5-day (M/T/W/Th/F) ___ a.m. (9:00 - 11:30) ___ p.m. (12:45 - 3:15) ___ Either a.m. or p.m.

Would you like van service? Yes No

Are you interested in Lunch Bunch? Yes No

I would like to apply for the scholarship fund. Yes No

Are you a returning family? Yes No

FOR OFFICE USE ONLY

Date received:

Age by 09/01:

RF received: