



In order to be added to the wait list for our programs, please return this form and the non-refundable \$50 registration fee to:

199 Old Cheat Road
Morgantown, WV 26508

(304)292-4722 • www.placeofgracekids.com • placeofgraceelc@yahoo.com

REGISTRATION FORM

CHILD INFORMATION

Name: First Middle Last Nickname

Date of Birth: ____/____/____ * Expected Due Date if not yet born: ____/____/____

Address

City State/ Zip (____) Phone

Siblings/Ages Yes No Siblings on POG Wait List

Does your child have any special needs or behaviors that we should be aware of? _____

FULL TIME PART TIME _____
of days per week, preferred schedule

DATE REQUESTED TO ENROLL: ____/____/____

PARENT INFORMATION

Father: First Last (____) Phone

Employer (____) Work Phone Email

Mother: First Last (____) Phone

Employer (____) Work Phone Email

OFFICE USE

Date Submitted: ____/____/____ Deposit: _____ Start Date: ____/____/____ Packet Sent: ____/____/____

Infants Toddlers Preschool 2s Preschool 3s Prek 4 School Age

Full Time Part Time _____

Notes: