



Grace Methodist Weekday School

1601 Sam Rittenberg Blvd * Charleston, SC 29407
(843)766-1621, ext. 2

ENROLLMENT 2009-2010

Today's Date _____

Child's Legal Name _____ Name Called _____

Date of Birth _____ Male/Female _____

Address _____ Subdivision _____

City _____ Zip Code _____

Parent Names _____

Home Telephone _____ Email Address _____

Father's mobile # _____ Mother's mobile # _____

Church Affiliation _____

Siblings _____

Program applied for:

____ **Mother's Morning Out** (8:50-11:50 AM)

Please circle days preferred: Monday Tuesday Wednesday Thursday Friday

Weekday School (9:00-12:00 PM)

K2 Program

____ 2 Days T-TH

____ 3 Days M-W-F

K3 Program

____ 3 Days M-W-F

____ 5 Days M-F

K4 Program

____ 5 Days

K5 Program

____ 5 Days

Teacher Request _____

There are many factors involved when choosing a class for your child. Although we will do our best, we cannot guarantee that you will get the days or teacher you request.

