

Registration Form

Child's Name _____

Age ____ Birthdate _____ M F

Special Needs _____

Name(s) of Parent(s) or Guardian(s)

Address _____

Phone Number _____

Email Address _____

Session (Circle one) Tu-W-Th AM
 Tu-Th PM

Parent Signature _____

Date _____

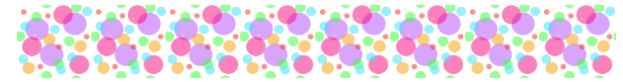


Registration forms can be mailed to:

Graceful Beginnings
 Grace Covenant Community Church
 99 Café Lane
 Middleburg, PA 17842

Please make checks payable to **Grace Covenant Community Church.**

Once we receive your pre-registration form, we will mail you a registration packet with more information. If you would like to see more information on the program before registering, please call or visit www.g3c.net and click on Graceful Beginnings.



GRACEFUL



Beginnings

PRE-KINDERGARTEN

BUILDING

SOLID

FOUNDATIONS



Grace Covenant Community Church
 99 Café Lane
 Middleburg, PA 17842
 (570) 837-5809

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www.g3c.net

