



## Financial Requirements

### Initial Fees (*non-refundable*)

Registration Fee	\$150 annually
Book Fee	\$200 annually

*\*Initial fees are due before the first day of school*

### TUITION FEES

Due 1<sup>st</sup> of every month  
Aftercare fees due every Monday

### School Hours of Operation 7:45 a.m. – 2:45 p.m.

Tuition: \$2,250 annually (\$225 monthly/10 months)

**\*All meals and snacks are included\***

### BEFORE/AFTER-CARE FEES

Before care (7:00 a.m. – 7:30 a.m.)	No additional charge
Aftercare (2:45 p.m. – 6:00 p.m.)	\$50.00 weekly (\$10.00 daily)

Full Day Child Care (7:00 a.m.-6:00 p.m.)	\$25.00 per day \$125.00 per week
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**\*All meals and snacks are included\***

**Full day child care is available for Christmas break, Spring break, & Summer**

*\*100.00 registration fee is required at the beginning of summer\**

### Late Fees

Tuition is due on the 1st of each month. A \$25 late fee will be applied after the 10th of the month. No payment after 15th may result in termination until payment is made in full.



### Enrollment Form

Child's Name: \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade as of August 2022: \_\_\_\_\_

	Mother	Father
Name:		
Home Address:		
Employer:		
Work Phone #		
Home Phone #		
Cell Phone #		
Email:		

Person/s with whom the child lives: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Individuals to contact in the case of an emergency:

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

Does your child have any food allergies?      No      Yes \_\_\_\_\_

Does your child have any dietary restrictions?      No      Yes \_\_\_\_\_

Does your child have any special needs?      No      Yes \_\_\_\_\_

Does your child receive any special services?      No      Yes \_\_\_\_\_

Will your child receive services at school?      No      Yes \_\_\_\_\_

Name of service provider and frequency: \_\_\_\_\_

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I will need:     Before Care (no charge)                       Aftercare (additional fee)

*My signature authorizes this facility to secure emergency medical treatment for my child.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First day of enrollment: \_\_\_\_\_



## Permission to Administer Sunscreen

I give permission for the staff at Grace Bible Academy to apply sunscreen to my child \_\_\_\_\_ during the months of May 2022-September 2023 if outside for more than 15 minutes unless I specify otherwise:

I have provided the following brand/ type of sunscreen for my child to use

\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

## Family Release for Media/ Print Inclusion

I \_\_\_\_\_ hereby **grant** permission for Grace Bible Church/Grace Bible Academy to use images taken of my child and family members. This permission includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for the use in materials that include, but may not be limited to printed materials, such as brochures, newsletters, videos, and digital images such as those on our websites. Names will not be used in conjunction with the images. I understand that these images may be used without further notification.

I \_\_\_\_\_ hereby **deny** permission for Grace Bible Church/Grace Bible Academy to use images taken of myself or my family.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name (Please Print) \_\_\_\_\_

## Electronic Viewing

We want to make sure you are aware that occasionally students will watch T.V. related to lesson. We will only show G rated programs at our school. State regulations require that parents be informed if a child care center has T.V. viewing time. Please sign below to indicate you have been informed and give permission for your child to watch programs deemed age appropriate by the school staff and rating system.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Allergy Information Form

Student's Name \_\_\_\_\_

My child does not have allergies.

My child is allergic to:

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Please be aware of the following symptoms:

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**My child has been prescribed an Epi Pen/Twinject and I will supply it and all necessary related medications (i.e. Benadryl) ON THE FIRST DAY OF SCHOOL. The "PEN" and medications will be new and unopened. I understand these medications will only be accepted in accordance with the above.**

**If Epi Pen is administered, staff will call 911 and then contact parent.**

My child has the following physical restrictions

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Permission to Use Church Grounds for Outdoor Activities

**Date:** 2022-2023 School Year

**Location:** Grace Bible Church Campus

**Purpose:** For all outside play

**Special Instructions:** Grace Bible Academy will be using the campus of Grace Bible Church for outside play including playground, water play, outdoor educational activities, and organized activities. We will be using the areas to the side of the church, the front of the church, and behind the trailers.

I give permission for my child \_\_\_\_\_ to play  
outside at the Grace Bible Church campus.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Required Documentation for Kindergarten Registration

- Current Immunization Certificate**
  
- Copy of Birth Certificate**
  
- Kindergarten screenings from physician**
  
- Pre-Assessment**