

**Grace Bible Academy
Financial Requirements**

APPLICATION FEES (non-refundable)

Registration Fee \$100 annually

BOOK FEES (non-refundable)

Kindergarten \$125 annually

TUITION FEES

Kindergarten Due 1st of every month

Afterschool/Full Day Due every Monday

Kindergarten (7:30 a.m. – 2:45 p.m.)

Fees \$400 (month) \$4000 (year)

All meals and snacks are included

BEFORE/AFTER-CARE AND FULL DAY FEES

Morning (7:00 a.m. – 7:30 a.m.) No additional charge

Afternoon (2:45 p.m. – 6:00 p.m.) \$50 weekly

Holidays \$20.00 a day

Snow Days No additional charge

Summer Care (6:00 a.m.-6:00 p.m.)

\$100.00 per week (summer care)

50.00 registration fee is required at the beginning of summer

All meals and snacks are included

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.

Grace Bible Academy Child Enrollment Form

Child's Name: _____ Gender _____ Birthdate _____

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

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 the center? No Yes _____

Name of service provider and frequency _____

My child has permission to be released to the following individuals or transportation services in addition to the emergency contact persons listed above. (Please notify all individuals that they may be asked to show proof of identity)

Name and Relationship	Phone #

I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I authorize 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-September _____ 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 _____

Grace Bible Academy
Allergy Information Form

Student's Name _____

My child does not have allergies.

My child is allergic to:

Please be aware of the following symptoms:

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

Parent's Signature _____ Date _____