

Grace Bible Academy Afterschool Program Financial Requirements

Grace Bible Academy is happy to provide afterschool care for students of Baker Intermediate, Justice Elementary, and Conkwright Elementary. GBA also offers full day child care when school is not in session for breaks, snow days, and summer for children in grades K-6th in all of Clark County.

APPLICATION FEES (non-refundable)

Registration Fee	\$50 annually
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PROGRAM FEES (Due every Monday)

Afternoon (2:45 p.m. – 6:00 p.m.)	\$50 weekly
Full Day Care (7:00 a.m.-6:00 p.m.)	\$100.00 per week
	\$20.00 per day

**Meals and snacks are included at no additional cost*

**Full day child care is available for children in grades K-6th on days that Clark County Public Schools are not in session. This includes snow days, fall break, spring break, and summer break.*

Late Fees

Payment is due on Monday of each week. A \$25 late fee will be applied for payments made more than a week late. No payment after two weeks may result in termination from the program unless payment arrangements have been made with the director.

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 _____

Grace Bible Academy

Permission to Use Church Grounds for Outside Play

Date: 8/15/18-5/24/19

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 water play, outdoor active play, and organized activities. We will be using the areas behind the trailers, the front of the church, and the main parking lot.

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

Parent Signature: _____

Date: _____