

**Grace Bible Academy  
Financial Requirements**

**APPLICATION FEES (non-refundable)**

Registration Fee \$100 annually

**BOOK FEES (non-refundable)**

Kindergarten-1<sup>st</sup> Grade \$125 annually

**TUITION FEES**

Due 1<sup>st</sup> of every month

Aftercare fees due every Monday

Kindergarten-1st Grade (7:30 a.m. – 2:45 p.m.)

Fees \$350 (month) \$3500 (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.) \$35 weekly

Holidays \$20.00 a day

Snow Days No additional charge

**Summer Care (7:00 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 Enrollment Form

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

Grade: \_\_\_\_\_

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

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:** 2019-2020 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 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:** \_\_\_\_\_

# **Grace Bible Academy**

## **Required Documentation**

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