

GRACE BAPTIST PRESCHOOL OF EVANS

4945 Hardy McManus Rd. Evans, GA 30809 706-868-1555
weekday@gbce.net

August 14, 2017 - May 11, 2018



Child's Name _____ Birth Date _____

Name child goes by _____ Boy ___ Girl ___ Child's age on 9-1-17 _____

Address _____

Home telephone _____ Parents email _____

Father's Name _____ Cell Phone _____

Work Place _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Work Place _____ Work Phone _____

Security Code- _____

(Secret word or numbers used by someone other than parent who may pick up your child.)

Additional Information (allergies, special needs, etc.) _____

Names/ages of siblings _____

Pets Names _____

Emergency Contact other than parents:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Those who may pick up child _____

How did you hear about us? _____

Church your family attends? _____

For information about Grace Baptist Church services, please visit www.gbce.net

Please place check by your class choice: Child must reach required age by 9/01/17.

Check Choice	Class	Days of the Week	Monthly Tuition
	K-5	M-F	\$200.00
	Pre-K 4	M-F	\$190.00
	Pre-K 4	M-TH	\$165.00
	Pre-K 4	M/W/F	\$135.00
	K-3	*M-F	\$190.00
	K-3	M/W/F	\$135.00
	K-3	T/TH	\$105.00
	2 year olds	*M-F	\$190.00
	2 year olds	M/W/F	\$135.00
	2 year olds	T/TH	\$105.00
	15 month	M/W	\$105.00
	15 month	T/TH	\$105.00

- Tuition is due on the 1st of each month.
 - A late fee of \$10 will be charged on all receipts effective the 11th.
 - We follow the Columbia County school schedule for holidays and closings.
 - Our first day of school will be Monday, August 14, 2017.
 - Siblings receive a \$10.00 discount on each additional child.
 - School hours are from 9:30-1:30.
- *Children enrolling in a five day 2 or 3 year old class may be in a combined 2 and 3 day class.

Medical Permission Clause

I, the undersigned parent or guardian of _____ in the event of an accident, if the staff or representative of Grace Baptist Preschool is unable to contact me, do hereby grant permission to said staff or representative to administer necessary first aid, and/or take my child to the nearest medical facility for additional treatment.

Insurance Company _____ Policy Number _____

Parents Signature _____ Date _____

Photo Release Clause

I do hereby grant Grace Baptist Preschool the right to use and/or reproduce photographs of my child for the internal promotional and informational activities of Grace Baptist Church Preschool. Photographs are **only** used for classroom art projects, school photos and a year-end slideshow. Yes _____ No _____

Parents Signature _____ Date _____

In order to reserve a spot for your child, please fill out this form and remit your enrollment / supply fee, equal to one month's tuition. **(This is not tuition for August.)** This registration fee is non-refundable unless you move out of the area and we are notified by July 1st, 2017. Current families with an existing balance must pay the balance in order to register. A current certificate of immunization, Georgia Form 3231, will be required for your child to attend. I understand that Grace Baptist Preschool is exempt from licensure. There are no adjustments in tuition due to absences, illnesses, family vacations, holidays or inclement weather.

Tuition is determined by dividing total cost by ten equal payments.

I have read and understand the above:

Parents Signature _____ Date _____

<p>Office use only: Registration Paid _____ Payment Type _____ Today's Date _____ First day to attend _____</p>
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