GRACE BAPTIST PRESCHOOL OF EVANS

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





Child's Name	Birth Date		
Name child goes by	Boy Girl Child's age on 9-1-23		
Address			
Home telephone	Parents email		
Father's Name	Cell Phone		
Work Place	Work Phone		
Mother's Name	Cell Phone		
Work Place	Work Phone		
Additional Information (allergies, special	needs, etc.)		
Names/ages of siblings and names/relati	ionship of others in the household		
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 Chu	rch services, please visit www.gbce.net		

Please place check by your class choice: Child must reach required age by 9/01/23.

Check Choice	Class	Cash/Check Tuition	Electronic Transfer Tuition
	T/TH 2's	140.00	145.00
	M/W/F 2' s	170.00	176.00
	M-F 2's	220.00	227.00
	T/TH 3' s	140.00	145.00
	M/W/F 3's	170.00	176.00
	M-F 3' s	220.00	227.00
	M/W/F 4's	170.00	176.00
	M-F 4's	220.00	227.00

- Tuition is due on the 1st of each month.
- A late fee of \$10 will be charged on all receipts effective the 11th, unless there are extenuating circumstances.
- We follow the Columbia County school schedule for holidays and closings.
- Siblings receive a \$10.00 discount on each additional child.
- School hours are from 9:30-1:30.

Medical Permission Clause

Office use only: Registration Paid Today's Date	Payment Type First day to attend
Parents Signature	Date
I have read and understand the abov	'e:
There are no adjustments in tuition	due to absences, illnesses, family vacations, holidays or inclement weather.
	zation, Georgia Form 3231, will be required for your child to attend. at Grace Baptist Preschool is exempt from licensure.
A command positificate of the con-	in order to register.
_	1st, 2023. Current families with an existing balance must pay the balance
	ild, please fill out this form and remit your enrollment / supply fee, equal tion fee is non-transferable and non-refundable unless you move out of
Parents Signature	Date
· · · · · · · · · · · · · · · · · · ·	ol photos and possibly a year-end slideshow. Yes No
	hool the right to photograph my child for use in classroom craft projects s by the professional photographer we choose. Photographs are only
	Photo Release Clause
Parents Signature	Date
Insurance Company	Policy Number
medical facility for additional treatme	
•	of Grace Baptist Preschool is unable to contact me, do hereby grant tive to administer necessary first aid, and/or take my child to the nearest
I, the undersigned parent or guardian	
I the undersigned parent or guardian	of in the event of an