

GRACE BAPTIST PRESCHOOL OF EVANS

4945 Hardy McManus Rd. Evans, GA 30809 706-868-1555

weekday@gbce.net

August 11, 2026 – May 13, 2027



Child's Name _____ Birth Date _____

Name child goes by _____ ☐ Boy ☐ Girl Child's age on 9-1-26 _____

Address _____

Home telephone _____ Parents email _____

Father's Name _____ Cell Phone _____

Work Place _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Work Place _____ Work Phone _____

Primary Point of Contact: ☐ Mom ☐ Dad

With whom does your child reside? _____

Names/ages of siblings and others in the household, include pets please _____

Emergency Contact other than parents:

Name _____ Phone _____

Name _____ Phone _____

Additional friends/ family whom may pick up your child: *(Photo ID will be required)* _____

List anyone who **may NOT** pick up child _____

Child's Doctor _____ Phone _____

Does your child have any Physical/ Developmental Special Needs, Delays or Health Concerns? Yes/ No

Please explain: _____

Does your child have any allergies? Yes/ No

If yes, to what? _____

Does the allergy require an Epi-Pen: Yes or No.

If yes, additional paperwork will be required to be filled out by your child's physician and kept on file in our office.

Is your child Potty Trained? Yes/ No.

Any additional information you would like us to know about your child?

How did you hear about us? _____ Church your family attends? _____

Please place check by your class choice: Child must reach required age by 9/01/26.

Check Choice	Class	Registration Fee	Cash/Check Yearly Tuition	Auto Draft Monthly Tuition
	T/TH 2's	160.00	1,440.00	170.00
	M/W/F 2's	190.00	1,710.00	200.00
	M-F 2's	240.00	2,160.00	250.00
	T/TH 3's	160.00	1,440.00	170.00
	M/W/F 3's	190.00	1,710.00	200.00
	M-F 3's	240.00	2,160.00	250.00
	M/W/F 4's	190.00	1,710.00	200.00
	M-F 4's	240.00	2,160.00	250.00

Tuition is due on the 1st of the month.

Any payments that are scheduled or received after the 10th of each month, will ensue a \$10 late fee.

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.

To reserve your child's place at Grace Baptist Preschool please:

- 1. Complete and submit Registration Form.**
- 2. Submit non-refundable Registration Fee.** *(This fee holds your child's place in the Preschool. It is non-transferable and non-refundable unless you move out of the area, and we are notified by July 1, 2026.)*
- 3. Submit a current Certificate of Immunization, Georgia Form 3231** *(Due within 30 days of school beginning.)*

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 photograph my child for use in classroom craft projects and to include my child in class photos by the professional photographer we choose. Photographs are **only** used for classroom art projects, school photos and possibly a year-end slideshow. Yes _____ No _____

***Parents Signature**

***Date**

*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.

***Parents Signature**

***Date**

Office use only:

Registration Paid _____ Payment Type _____
Today's Date _____ First day to attend _____