



2160 Freedom Parkway  
 Cumming, GA 30041  
 770-292-9670  
 Fax 888.317.3147  
 GraceAcademy@freedomtabernacle.org

## 2019-2020 Registration Form

\*\*A non-refundable registration fee of \$115 is due at time of registration\*\*

Please select the program in which you would like to enroll your child:

<i>Check here</i>	<i>Class</i>	<i>Days / Week</i>	<i>Monthly Fee</i>
	2 year old class	3 days (Monday , Wednesday, and Friday)	\$205
	3 year old class	3 days (Monday, Wednesday and Friday)	\$215
	3 year old class	5 days (Monday - Friday)	\$235
	4 year old class	3 days (Monday , Wednesday, and Friday)	\$225
	4 year old class	5 days (Monday - Friday)	\$250
	5 year old class	5 days (Monday - Friday)	\$275

Classes will be filled on a first come, first serve basis. All children will be placed in an appropriate class according to their age on September 1, 2019. Available classes are based on enrollment. If there is not sufficient enrollment, a class may need to be cancelled. Grace Academy Preschool reserves the right to make changes to classes or enrollment during the school year. \*\*Placement is not guaranteed until you receive a confirmation statement.\*\*

**Child's name:** \_\_\_\_\_ **M or F**

**Name you wish your child to be called:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_ **Age on Sept. 1, 2019:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parents are:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home address (If different from above):** \_\_\_\_\_

\_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home address (If different from above):** \_\_\_\_\_

\_\_\_\_\_ **Cell #:** \_\_\_\_\_

Do you attend a church? Yes \_\_\_ No\_\_\_ Church Name: \_\_\_\_\_

Are you a member of Freedom Tabernacle and therefore eligible for a waiver of registration fees (proper waiver must be completed and attached)? Yes \_\_\_ No \_\_\_

Has your child attended (now or in the past):

Daycare \_\_\_\_\_ Preschool \_\_\_\_\_ Sunday School / Children's Church \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

What are your goals for your child this year? \_\_\_\_\_

Please list at least 3 people that can be contacted in the case of an emergency *if neither parent can be reached*:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation \_\_\_\_\_

Please list any sicknesses, allergies or physical and/or emotional disabilities (or any other medical information you feel the staff should know):

\_\_\_\_\_  
\_\_\_\_\_

Are your child's immunizations current? Yes \_\_\_ No \_\_\_ (An immunization certificate from your child's doctor or health department is due by the first day of school.)

Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event of a medical emergency, I hereby give permission to Grace Academy Preschool to render any necessary emergency medical treatment. In the event I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree and assume all financial responsibility. I will hold Grace Academy Preschool and its staff, as well as Freedom Tabernacle Church and its staff, harmless for any accident or injury that may occur to my child while attending Grace Academy Preschool. I understand that Grace Academy and/or Freedom Tabernacle do not provide individual medical insurance to cover injuries or illness.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

If placing registration form in Grace Academy Preschool locked mailbox, please indicate time and date of placement so the order of your request can be identified: (date) \_\_\_\_\_ (time) \_\_\_\_\_ am / pm