

Grace Kids Academy

A Ministry of Grace Community Assembly of God Church
2015-2016 Registration

Child's Full Name _____

Name used at home _____

Male Female Birthday ____/____/____ Age on September 1, 2015 _____

Street _____

City _____ State _____ Zip _____ Phone _____

Parents' Names _____

Email Address _____

Parent Information

Father's Name _____ Occupation _____

Business Address _____

Business Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Business Address _____

Business Phone _____ Cell Phone _____

Family Situation: Child lives with (check as appropriate)

- Mother Step Mother Aunt Uncle
 Father Step Father Grandmother Grandfather

Other (please give relationship to child) _____

I understand that the registration fee (\$75) and supply fee (\$50) for the school year is non-refundable. Tuition is due by the first Thursday of each month starting September 1, 2015 and ending May 12, 2016. A two-week notice must be given to the Director if your child is to withdraw from Grace Kids Academy. **Parents are responsible for tuition regardless of absences.**

I have read the Grace Kids Academy Parent Handbook and agree to abide by all the policies therein. I understand that failure to comply with Grace Kids Academy policies may result in my child's removal from the program.

Parent Signature _____ Date _____

Teacher Information Sheet

Child's Name _____ Nickname _____ Birthday _____

Parent Number (where you can be reached in case of emergency) _____

Address _____

Martial Status of Parents: Married Separated Divorced Single

If separated or divorced, what is your child's living arrangement? _____

Names and ages of other members in the household (children, siblings, relatives, others)

Child's favorite activities _____

Child's dislikes, fears _____

Sleeping Pattern/Naps _____

Eating Behavior _____

Major family changes _____

Has your child had previous experience in group care? _____ If yes, please describe

Pick-Up Information

The following persons have permission to pick-up my child when we (child's parents) are unable to:

Name	Relationship	Driver's License #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date _____

Consent for Medical Treatment

Grace Kids Academy (A Ministry of Grace Community Assembly of God)
2525 Forest Vista * Flower Mound, TX 75028 972-724-7223

THIS FORM MUST BE NOTARIZED

I hereby give my consent for all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent:

Child's Full Name _____ Birth Date: ____/____/____

I understand that in case of a medical emergency, Grace Kids Academy will contact 911, and the attending physician will designate the hospital for care.

Signature of Parent/Guardian Date

Notary Public Date

Name and numbers to call in case of a medical emergency:

Name	Phone Number	Cell Number	Relationship to Child
1. _____	_____	_____	Parent
2. _____	_____	_____	Parent
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Child's Physician _____ Phone _____

Family Physician _____ Phone _____

Child's Allergies (Medications, Food, Asthma) _____

Describe any medication on file you have given permission to the director to give your child in case of an emergency _____

Name and Address of Insurance Company _____

Policy Number _____

Please attach a copy of your insurance card to this form.

Health Record

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****Please attach a copy of your child's shot records.***

Child's Full Name _____ Birth Date: ____/____/____

Height _____ Weight _____ Are all required immunizations up to date? _____

If no, indicate reason _____

Medications and drugs regularly taken by your child the Grace Kids Director should be aware of: _____

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Allergies:

Eczema Medications _____

Asthma Food _____

Other Allergies _____

Please check if your child has had:

Measles Mumps Chicken Pox Whooping Cough

Meningitis Mononucleosis Convulsions Severe Diaper Rash

Speech/Hearing/Vision Difficulties: _____

Operations/Hospitalizations: _____

Any other physical, emotional or developmental problems or family situations (adoptions, divorce, etc.) that we need to be aware of: _____
