

Office Use Only:
Date Received: _____
All Forms Complete _____
Registration Fee _____

Grace Kids Academy

A Ministry of Grace Community Assembly of God Church
2024-2025 Registration

Child's Full Name _____

Name used at home _____

Male Female Birthday ____/____/____ Age on September 1, 2024 _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Parents' Names _____

Email Address _____

Parent Information

Father's Name _____ Occupation _____

Cell Phone _____ Business Phone _____

Mother's Name _____ Occupation _____

Cell Phone _____ Business 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 activity fees (\$40 due September 5, \$40 due February 6) for the school year are non-refundable. Tuition (\$220) is due by the first Thursday of each month starting September 5, 2024 and ending May 1, 2025. 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) _____

I would like to receive pictures and updates via text. Yes No

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 Dr. * 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) _____

Name and Address of Insurance Company _____

Policy Number _____

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

Health Record

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

ATTACH A COPY OF YOUR CHILD'S SHOT RECORDS TO THIS FORM.

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

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

If no, indicate reason _____

Per the Grace Kids Academy Parent Handbook, if you choose not to immunize your child, an official state waiver must be submitted. Immunization waivers will only be accepted for children ages 18 months and older and enrollment is subject to the discretion of the Director.

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



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: _____

Consent for Video and Photo Usage

Grace Kids Academy (A Ministry of Grace Community Assembly of God)

2525 Forest Vista Dr. * Flower Mound, TX 75028 * 972-724-7223

I hereby give permission for the use of photography and video of my child from school related activities and events to be used within Grace Kids Academy or Grace Community Assembly of God, on the church website, social media accounts, and print in order to promote Grace Kids Academy and its events.

Child's Full Name: _____

Parent/Guardian Signature: _____

Date: _____