



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

2010-2011 Registration Form

A non-refundable registration fee of \$95 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	2 days (Tuesday and Thursday)	\$165
	3 year old class	2 days (Tuesday and Thursday)	\$165
	3 year old class	3 days (Monday, Wednesday, and Friday)	\$185
	4 year old class	3 days (Monday, Wednesday, and Friday)	\$195
	4 year old class	5 days (Monday – Friday)	\$230

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, 2010. 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, 2010:** _____

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