



For NEW Students ONLY

STUDENT APPLICATION FOR SUMMER PROGRAMS

Completed application should be turned in to the Finance Office accompanied with application fee(s).

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

PLEASE FILL OUT AND CIRCLE ALL INFORMATION THAT APPLIES FOR THIS STUDENT

Re-Enrolling Student: _____ New Applicant: _____

Full Name: _____ DOB: _____ Date of Enrollment: _____

Father's Name _____ Mother's Name _____

Address _____ City _____ State _____ Zip _____

Parent responsible for bill: ____ Father or ____ Mother

Circle Enrolling Program(s)

Summer Playschool: June 15- August 18 (Circle age group and days attending)

K2	K2/3	K3/4	K4/5
5 Day Half Day	5 Day Half Day	5 Day Half Day	5 Day Half Day
5 Day Full Day	5 Day Full Day	5 Day Full Day	5 Day Full Day
3 Day Half Day	3 Day Half Day	3 Day Half Day	
3 Day Full Day	3 Day Full Day	3 Day Full Day	

Summer Day Camp- Rising 1st Grade to rising 8th Grade

1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

To secure a child's spot for enrollment the application fee must be summited with application forms. The additional fees can be paid at the appointed due date. Note: Application fee is for New Applicants.

Office Use Only Date Application Received: _____

Credit Card, Check Card, Check # _____ \$ _____ Fin. Sec. Int. _____

App. Fee(s):\$ _____ Date: _____

Discounts:

10% Sibling Discount for 2nd Child

NOTES:

Admissions Office Use Only

Date Application Received: _____

Director of Admissions Completed Date _____ Int. _____

Notes:

Secretary Completed Date _____ Int. _____

Notes:



(please print clearly)

Parent/Guardian Information 1

Name _____
Home Phone: _____
Employer: _____
Occupation: _____
Business Phone: _____
E-mail: _____
Cell Phone: _____

Parent/Guardian Information 2

Name _____
Home Phone: _____
Employer: _____
Occupation: _____
Business Phone: _____
E-mail: _____
Cell Phone: _____

Religious Affiliation: _____ Current Church: _____

Parents are: ___ Married ___ Separated ___ Divorced ___ Single ___ Remarried Parent Deceased? ___ Father ___ Mother

If the parents are divorced, who has legal custody? _____

Can both parents pick up the student? _____

Siblings

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Grandparent Information 1 (please print clearly)

Name _____
E-mail: _____
Cell Phone: _____
Home Phone: _____

Grandparent Information 2

Name _____
E-mail: _____
Cell Phone: _____
Home Phone: _____

Pick-Up Authorization

Persons authorized for pick-up or to whom the child can be released; if parents cannot be contacted

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

The people listed below **DO NOT** have my permission to pick my child up from Grace Academy.
Name _____ Phone# _____ Relationship _____
Name _____ Phone # _____ Relationship _____

Mother/ Guardian Signature _____ Date _____

Father/ Guardian Signature _____ Date _____



Emergency Pick-Up Authorization

Persons authorized to care for child in case of an emergency; if parents cannot be contacted.

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

Medical/Emergency Information

Student Name: _____ DOB: _____
 Allergies No Yes List: _____
 Symptoms: _____
 Asthma No Yes Meds: _____ Diabetes No Yes
 Meds: _____
 Is the child on any continuous medications?
 (eg. Insulin, Ritalin, Dilantin, Etc.) No Yes Explain: _____
 Does the child have any physical or mental disabilities:
 No Yes Explain _____
 Any Previous Hospitalizations or Operations? : No Yes
 Explain: _____
 Any physical health problem of which the school should be aware (special diet, prescriptions, communicable diseases, or physical limitations, etc....) Please give any information which may help is east your child's transition into school/childcare, such as special fears, likes and dislikes, eating, or sleeping habits.

 Other information that may be helpful:

Medical Information continued

Family Doctor _____ Office Phone # _____
 Physician's Office Address _____
 City _____ State _____ Zip _____
 Family Dentist _____ Office Phone # _____
 Insurance Carrier _____ Policy # _____
 Hospital Preference _____ Phone # _____



I agree that the operator of Grace Academy may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Mother/ Guardian Signature _____ Date _____

Father/ Guardian Signature _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full time custodian. Provisions will be made for adequate and appropriate rest and/or outdoor activities.

Administrator; Pastor Joey Phillips

To complete your application, please read and sign the following forms and turn in to the Finance Office with appropriate fees.

- Consent and release Form
- Parent Agreement
- Photo Release
- Travel & Activity Form
- Handbook Confirmation & financial Agreement
- Physical (Required for New Applicants and Preschoolers)
- Kindergarten Health Assessment (Kindergarten only)
- Immunization Form (New Applicants, Preschool & Kindergarten Required)