

# Grace Academy - Summer Programs 2017

(Signature Forms- All Summer Applicants)

(Immunization Form- Students ages 2-5)

\*Please complete, sign and return to the Admissions/Finance Office

## CONSENT AND RELEASE FORM

I, the undersigned parent or guardians, hereby consent to my child, \_\_\_\_\_, participating in all age appropriate activities at Grace Academy, an event sponsored by Grace Bible Church during the 2017 year. I certify that my child is able to participate in activities, which include: indoor games, use of playground equipment or as a passenger in vehicles used for transportation arranged by Grace Academy. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize Grace Academy to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do hereby agree to hold Grace Bible Church/Grace Academy and its counselors and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

MEDICAL CONDITIONS TO BE AWARE OF:

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

TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:

\_\_\_\_\_

## GUIDELINES SLIP

I have read and understand the guidelines within Grace Academy Student Handbook. I have also discussed the guidelines with my child and I am in agreement with them. I will do my best to support the program I am enrolling my child in.

*(This form must have at least one parent/guardian signature)*

**Mother/ Guardian Signature** X \_\_\_\_\_ **Date** \_\_\_\_\_

**Father/ Guardian Signature** X \_\_\_\_\_ **Date** \_\_\_\_\_

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## PARENT AGREEMENT

Upon enrolling my child at Grace Academy, I agree to abide by the policies outlined in the student handbook and other policies that might be instated as the year progresses.

- I/we agree to abide by all financial policies, all forms of discipline, methods of study, courses of study, and any rules and regulations so stated or implied.
- I/we agree to pay tuition and fees when due. Tuition is due by the 1<sup>st</sup> of the month. **Any tuition received after the 10<sup>th</sup> of a month is subject to a \$25 late fee. All fees are non- refundable and non-transferable.**
- Unpaid balances cannot be carried over from one month to the next. If your account becomes two months past due, your child may be subject for dismissal.
- **Tuition is non-refundable if the student has been to school any day during the month, or if a 2 week written notice of withdrawal has not been submitted to the Finance Director.** Exception will be made if the account has been paid in full for the school year.
- **A 2 week notice is required if your child is to be withdrawn from our program. The parent or guardian is responsible for the 2 week tuition period even if the child is not in attendance.**
- **\*\*Preschool Students Only\*\* DSS/TAA/RCCC Accounts – The parent is responsible for the parent fee set by DSS/ TAA/ RCCC and the remaining balance of your child’s monthly tuition that DSS/TAA/RCCC does not cover.**
- I/we agree to abide by the judgment and decisions of the administration concerning my child.
- There will be a \$35.00 NSF fee on all returned checks, regardless of the reason for the return. After two returned checks, account will be on a **cash only** basis. All NSF checks and fees should be taken care of within one week of being returned or your child will be subject to dismissal.
- I/we understand that Grace Academy will teach that the Bible is the inspired word of God, that it is without error, and that it is our guide for all areas of human living.
- I/we understand that Grace Academy will cooperate with the home by reporting the progress of the child(ren) and by holding conferences with parents. We agree to support the school by our participation in the conferences and programs which pertain to our child.
- I/we understand that children will be encouraged to perform to the best of their ability in academic work, as well as in all other endeavors. We will therefore provide the support and cooperation necessary to create an enhanced learning environment.
- I/we understand our need to set a good example for our children by being prompt, by supporting school policies, and by supporting the classroom teacher. We will attempt to set a positive tone in developing attitudes regarding school. We will therefore refrain from making negative comments to our children or to other parents; we will take our concerns to the teacher first and then to the administration if necessary. If our dissatisfaction is still unresolved, we will quietly remove our child from the school.
- I/we understand that a child may be dismissed if he/she becomes a disruptive influence in the spiritual life or educational process of the school or if he/she does not respond positively to the programs of the school.
- I/we understand our cooperation is expected in prompt tuition payment, occasional special fees (field trips), practical help and faithful prayer. We understand that failure to make payments as necessary may result in the dismissal of our child from the school.

I/we have read and agree to abide by the Parent Financial Agreement of Grace Academy

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

(This form must have at least one parent/guardian signature)

Mother/ Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Father / Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

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## PHOTO RELEASE FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

My child \_\_\_\_\_

(Check one)  **HAS** my permission to:  **DOES NOT** have permission to:

1. Be photographed or videotaped for school related activities and functions.
2. Have work published on the School Web-Site, School Brochures, or Newspaper Articles. If your child's name will be used, they will be identified by first name and first initial of last name.

I/we have read, understand and agree to the above policy of Grace Academy. I/we also understand that this consent form will remain on file for the academic school year and extended dates, beginning June 1, 2017 through August 31, 2017.

(This form must have at least one parent/guardian signature)

Mother/Guardian Signature *X* \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature *X* \_\_\_\_\_ Date \_\_\_\_\_

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## Play Outside the Fenced Area (NOTE: PRESCHOOL STUDENTS ONLY)

In addition, if the facility has planned activities (nature walk, sidewalk chalk, etc...) outside the fenced area of the facility;

\_\_\_\_\_ I **will** allow my child to play outside the fenced area.

\_\_\_\_\_ I **will not** allow my child to play outside the fenced area.

Parent/Guardian Signature *X* \_\_\_\_\_ Date \_\_\_\_\_

This authorization is valid from June 1, 2017 to August 31, 2017.

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## Parent Signature Required for Discipline Policy from Student Handbook:

North Carolina State regulations for childcare licensing states, the parent must read and sign a statement acknowledging that they have read the discipline policy of Grace Academy. Please sign below and return the bottom portion to the office. If you have any questions, please feel free to discuss them with the teacher or director. Parents will be given a 30 day written notice if the discipline policy changes for any reason. \*\*See Student Handbook for additional information\*\*

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of Grace Academy's Discipline and Behavior Management Policy.

This authorization is valid from June 1, 2017 to August 31, 2017.

Parent/Guardian Signature *X* \_\_\_\_\_ Date \_\_\_\_\_

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## Summary of the North Carolina Child Care Law and Rules from Student Handbook:

Note: Please read carefully the NC Law and Rules and sign below:

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of the Summary of the North Carolina Child Care and Law and Rules.

Parent/Guardian Signature *X* \_\_\_\_\_ Date \_\_\_\_\_

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**Please complete as part of your enrollment packet and return to the Admissions/Finance Office to the above address or drop in the payment drop box.**

## **TRAVEL AND ACTIVITY AUTHORIZATION**

This is a blanket permission for all given activities for Grace Academy within the school year of 2016-2017 with extended dates from June 1, 2017- August 31, 2017.

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give my permission to Grace Academy for my child to participate in the following activities:

Scheduled trips and field trips by facility owned bus/van and away from the facility during the 2016-2017 school year.

\*Exception: Two year olds DO NOT attend any off site events or trips.

(Explain planned activity—where and when)

I understand that the facility will use the appropriate child restraint devices (if required by law) and abide by all the safety rules in Rule.1000 NCCCD when my child is transported in a vehicle, other than the bus. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

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

This authorization is valid from June 1, 2017 to August 31, 2018.

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## **In the Case of an Emergency- Alternate Pick-up**

You may contact the persons listed below in the event a parent cannot be reached for an emergency.

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

# Grace Academy

(Signature & Immunization Forms)

\*Please complete, sign and return to the Finance Office

## IMMUNIZATION RECORD

\* For all Summer Playschool Students

**(PLEASE FILL OUT THIS FORM OR ATTACH IMMUNIZATION RECORDS FROM DOCTORS OFFICE).**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all childcare facilities to have this information on file.

**Enter date of each dose – Month/Day/Year**

Required Immunizations					
	#1 Date	#2 Date	#3 Date	#4 Date	#5 Date
<b>DTP or DT</b> Diphtheria, Tetanus, Pertussis					
<b>Polio</b>					
<b>MMR</b> Measles, Mumps, Rubella (combined doses)					
<b>Hep B</b> Hepatitis B					
<b>Hib</b> Haemophilus influenza type B					
<b>Varicella</b> Chickenpox					
Other					
Other					

**\*Required by State Law**

**\*\*Required by State Law for children born on or after 10/1/88**

**\*\*\*Required by State Law for children born on or after 7/1/94**

**\*\*\*\*Required by State Law for children born on or after 4/1/01**