

Returning  New

**GRACE CHRISTIAN DAY SCHOOL**  
REGISTRATION/ENROLLMENT FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Full Name \_\_\_\_\_

Child's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/1/18 \_\_\_\_\_

Male  Female CLASS ENROLLING FOR \_\_\_\_\_ START DATE \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Dad's Employer \_\_\_\_\_ Work # \_\_\_\_\_

HEALTH INFORMATION: List any allergies, existing or previous illness, injuries in the last 12 months, medications, or any other information staff should be aware of:

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

**SPECIAL PERMISSIONS:**

→ WATER ACTIVITIES: I Hereby \_\_\_\_ GIVE \_\_\_\_ DO NOT GIVE my consent for my child to participate in water activities

→ TOPICAL MEDICATION: I Hereby \_\_\_\_ Give \_\_\_\_ DO NOT GIVE my consent to apply mild topical medication in the event of cut, scrape, bug bite, or diaper rash at school

→ MEDIA RELEASE: I Hereby \_\_\_\_ Give \_\_\_\_ DO NOT GIVE permission for my child's photo to be posted on Social Media (FaceBook) and on the Day School TV in the hallway

→ OPERATIONAL POLICIES: I understand that a copy of Grace Presbyterian Christian Day School operational policies is available, at any time, for my review in the school office \_\_\_\_\_ (Initial)

→ Class List: I understand that a class list will be distributed to my child's teachers and the other parents in my child's classroom \_\_\_\_\_ (Initial)

**OVER →**

\*EMERGENCY CONTACTS: I HEREBY AUTHORIZE MY CHILD TO LEAVE THE FACILITY WITH THE FOLLOWING PERSONS:

Name \_\_\_\_\_ Address \_\_\_\_\_  Emergency

Phone \_\_\_\_\_ Relationship \_\_\_\_\_  Anytime

Name \_\_\_\_\_ Address \_\_\_\_\_  Emergency

Phone \_\_\_\_\_ Relationship \_\_\_\_\_  Anytime

Name \_\_\_\_\_ Address \_\_\_\_\_  Emergency

Phone \_\_\_\_\_ Relationship \_\_\_\_\_  Anytime

Name \_\_\_\_\_ Address \_\_\_\_\_  Emergency

Phone \_\_\_\_\_ Relationship \_\_\_\_\_  Anytime

Name \_\_\_\_\_ Address \_\_\_\_\_  Emergency

Phone \_\_\_\_\_ Relationship \_\_\_\_\_  Anytime

Name \_\_\_\_\_ Address \_\_\_\_\_  Emergency

Phone \_\_\_\_\_ Relationship \_\_\_\_\_  Anytime

**\*Please list at least two people**

**AUTHORIZATION FOR MEDICAL ATTENTION:** In the event that I cannot be reached, I authorize the director or person in charge to take my child to the nearest hospital. I give consent for Grace Christian Day School to secure any and all necessary emergency medical care for my child.

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Are you a member of Grace Presbyterian Church? \_\_\_\_\_ Yes\*\* \_\_\_\_\_ No**

\*\*Members will not pay Registration Fee

Registration Fee \$ \_\_\_\_\_ Referred by \_\_\_\_\_

Cash  Check # \_\_\_\_\_  Credit Card

**PLEASE REMEMBER: 1. Tuition is to be paid on a monthly basis, even if my child is absent on his/her assigned days, including holidays. 2. My registration fees are NOT REFUNDABLE. 3. If your child is entering the Toddler class, they must be walking by the start of the 2018/19 school year. 4. If your child is entering the 3 year old class, they must be potty trained by the start of the 2018/19 school year.**

I UNDERSTAND AND AUTHORIZE ALL OF THE ABOVE INFORMATION:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date