

Graceful Beginnings/Elementary School Student Registration 2024-2025

A non-refundable \$35 fee is due with this form. Pd. _____

Monthly Fee - \$255 monthly

Birthdate: _____

Child's Name _____

Mom's Cell Phone: _____

Home Phone _____

Dad's Cell Phone: _____

Email Address: _____

Name child prefers to be called: _____ Eating habits: _____

Language concerns: _____ Toilet Concerns: _____

Sleeping Habits: _____

Health Problems/Concerns (Allergies): _____

School Experience: _____

What are your hopes for your Kindergartener?

Family Information

Mother/Stepmother/Guardian: _____ Father/Stepfather/Guardian: _____

Address: _____ Address: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Employment: _____ Employment: _____

Work Phone: _____ Work Phone: _____

Siblings and ages: _____

Church Affiliation: _____

Emergency Contact Information

Please list two people to notify in case of emergency in the event that a parent/guardian cannot be reached.

1. Name: _____

Phone: _____ Cell Phone: _____

Home Address: _____

2. Name: _____

Phone: _____ Cell Phone: _____

Home Address: _____

I authorize Graceful Beginnings School to secure emergency medical care for my child when I/we cannot be immediately reached at the time of the emergency. We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Doctor: _____ Phone: _____

Preferred Hospital: _____

Parent/Guardian Signature: _____

I authorize Graceful Beginnings School to take my child on walking trips and to nearby public park facilities. I authorize my child to ride as a passenger in the vehicle of another licensed adult. I understand all trips are under supervision of Graceful Beginnings and I will provide an appropriate car seat or booster seat for my child as needed for these trips.

Parent/Guardian Signature: _____

I understand that religious instruction is a part of the overall curriculum. I understand that this teaching will include Bible stories, praying to start the day and before snack, Scripture verses and moral training.

Parent/Guardian Signature: _____

I agree to pay tuition in the amount of \$255 to Grace Church.. I understand that each monthly payment is due on the first of each month and is due no later than the fifteenth of the month. I understand a late payment fee of \$10 will be assessed and that three consecutive months without payment will result in the mandatory withdrawal of my child from Graceful Beginnings School and the past due amount paid.

Parent/Guardian Signature: _____

Class Phone Book

We will compile phone numbers of each child to make a class phone book. Please indicate if you would like to be included in the class phone list.

___ **Yes**, I would like my child's name on the list ___ **No**, I would not like our family's number on that list.

Child's Name _____ Telephone Number _____

Parent's Name _____

Parent/Guardian Signature: _____

Website/Publicity Authorization

I understand that pictures of the children participating in various classroom activities are used for publicity within Grace Church's and Graceful Beginnings School's websites. Please check one and sign.

___ I give permission for Graceful Beginnings to use photographs of my child in publicity for the school or its website.

___ I do not wish to have my child included in any photographs used for publicity on the school website.

Child's Name: _____ Parent Signature: _____