



Grace Community Schools

ENROLLMENT APPLICATION FORM



Child's Name:			
Date of Birth:	Sex:	Social Security Number:	

Mother's Information		Father's Information	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Address:		Address:	
Work Phone#:		Work Phone#:	
Cell Phone#:		Cell Phone#:	
Social Security#:		Social Security#:	
Email Address:		Email Address:	

Emergency Contacts / Persons permitted to pick up child. (Other than parents)		
Name:	Phone Number(s):	Relationship to Child:
Name:	Phone Number(s):	Relationship to Child:
Name:	Phone Number(s):	Relationship to Child:
Name:	Phone Number(s):	Relationship to Child:
Name:	Phone Number(s):	Relationship to Child:
Name:	Phone Number(s):	Relationship to Child:
Name:	Phone Number(s):	Relationship to Child:

Does your child have any allergies, or are there any Special Instructions concerning your child?	
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How did you hear about us?	Referred by:						
<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Direct Mail</td> <td style="padding: 5px;">Internet</td> <td style="padding: 5px;">Other</td> </tr> <tr> <td style="padding: 5px;">Phone Book</td> <td style="padding: 5px;">Friend</td> <td></td> </tr> </table>	Direct Mail	Internet	Other	Phone Book	Friend		
Direct Mail	Internet	Other					
Phone Book	Friend						

Parent Agreement:
<p>I hereby give my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or a relative before such action is taken. I agree to pay the amount due in advance, on a weekly basis, for the time my child is enrolled. I understand that I may withdraw at any time by notifying the school one week in advance. Withdraw is effective the Friday of the week of Notification, and all other fees are payable upon other absences. <u>I have read the policies of Grace Community Schools, and agree to abide by the regulations set forth in them, including the obligation to confer with the school first if I have any questions or problems.</u></p>

Parent or Guradian Signature:		Date:	
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Grace Community Schools

Parental Agreement



Welcome to Grace Community School!! Please familiarize yourself with our policies and the procedures outlined in our Parent Handbook and this Parental Agreement.

Grace Community School hours of operation are 6:30 AM to 6:00 PM, Monday through Friday, excluding the holidays announced annually, and any closings due to inclement weather.	
Tuition payments are to be submitted promptly each Monday for the current week. I agree to pay the amount due in advance, on a weekly basis, for the time that my child is enrolled. Late fees of \$25.00 per account will apply on Wednesdays if payment has not been received. Failure to submit payments for two weeks will result in termination of services. Families will pay any costs incurred in collection of past due amounts.	
Checks returned by the bank for any reason must be replaced with cash, and a returned check fee of \$25.00 will automatically be charged to your account.	
A one-week written notice is required for all withdrawals. If proper notice is not given, regular tuition will be due for this one-week time period.	
For children picked up after 6:00 PM, late fees will be added in the amount of \$1.00 per minute per child. No exceptions will be made.	
Accurate information must be submitted at the time of enrollment. To ensure the well-being of all children in our care, any changes must be updated immediately, e.g. child's health status, emergency contacts, physical statement, infant feeding plan, telephone numbers, etc.	
Each child's immunization records and FL DOH forms must be presented within 30 days of enrollment. If the date passes for your child's immunization records to be updated, you will have 14 days to update your child's health records or your child may be excluded from attending Grace Community School.	
Parents or authorized persons must always escort each child into and out of the classroom and are to check in and check out by computer.	
I give Grace Community School permission to photograph and video record, and use photographs and video recordings of my children in the development of videos, published materials or news releases with the understanding that our privacy will be respected and honored. I also give teachers and students permission to photograph or video my child for the purpose of classroom assignments. Photographs and videos may also be used for parent information on the Internet through www. gracecommunityschools.com and various social media sites like Facebook, Twitter, etc. An opt out form is available should I wish to prevent photography of my children.	
I understand that Grace Community is a smoke-free facility and smoking is not permitted anywhere on the property including the parking lot areas.	
Grace Community School does not dispense any medication to any child. Parents are asked to make other arrangements for medication administration.	
I have given my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or a relative before such action is taken.	
<p style="text-align: center;">I have received a copy of the NSI brochure "Know Your Child Care Facility" and have signed the school's Discipline Policy. The terms specified in this agreement are subject to change from time to time, in accordance with the regularly published terms and policies of Grace Community School as outlined in the current Parent Handbook. Parents will be notified in writing of any changes. Your signature on this form is an acknowledgement that you have read and agree to comply by Grace Community School policies, procedures, and terms, including the obligation to confer with the school first if I have any questions or problems and the disciplinary procedures as outlined in the Parent Handbook.</p>	

Child's Name:	Current Classroom:
Parent Signature:	Date:
Director Signature:	Date:



Grace Community Schools

Emergency Medical Form



I, _____, hereby authorize Grace Community School, in the event of an emergency, to seek medical treatment for my child _____.

Grace Community School is also authorized to transport my child to the nearest medical facility used by the Center, if I cannot be reached. I agree to assume responsibility for payment of any, and all emergency treatment and transportation. I agree to keep Grace Community School informed at all times of any telephone numbers where a preferred physician or I may be reached.

The emergency procedure will be:

1. Contact Parent(s)
2. Contact person(s) listed as emergency contact(s)
3. Call emergency medical team if necessary (911).
4. Transport child via emergency medical team to the nearest hospital.

Parent Information	
Full Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	

Parent Information	
Full Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	

Secondary Contact Information	
Full Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	

Secondary Contact Information	
Full Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	

List any known medical conditions (example: diabetes, asthma, drug allergies, etc.)	
1	4
2	5
3	6

Parent or Guradian Signature:		Date:	
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Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY PUBLIC, STATE OF FLORIDA

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My commission expires _____

My signature, as a Notary Public, verifies the affiant's identification has been validated by: