

Grace Chapel EARLY CHILDHOOD CENTERS



Grace Chapel Campus
10015 Lance Drive
St. Louis, MO 63137
314.868.6001

APPLICATION FOR ADMISSION

\$125 Registration Fee/\$75 for 2nd child or if older child is enrolled in K-8.

EARLY SCHOOL CLASSES (core days Tues., Wed., Thur.) Please select an option below

Please place a ✓ by your choice.	Toddlers		Pre-School		Pre-Kindergarten	
	Must be 2 by July 31		Must be 3 by July 31		Must be 4 by July 31	
	Tuition	Approximate Weekly Cost	Tuition	Approximate Weekly Cost	Tuition	Approximate Weekly Cost
5 Full Days	\$3750	\$101	\$3650	\$98	\$3550	\$96
5 Mornings	\$2600	\$70	\$2450	\$66	\$2350	\$63
3 Full Days	\$2750	\$74	\$2650	\$71	\$2550	\$68
3 Mornings	\$1700	\$45	\$1650	\$44	\$1550	\$42

APPLICANT INFORMATION

Applicant's Name:

_____ Last First Middle

_____ Address City State Zip

_____ Birthdate Place of Birth Baptism Date Gender

_____ Best Parent/Guardian Contact Number Alternative Number

_____ Other school or day-care previously attended Dates Attended

_____ Other school or day-care previously attended Dates Attended

FAMILY INFORMATION

Student lives with _____ Both Parents _____ Mother _____ Father _____ Other: _____

Guardian

#1: _____
First Last

Home Phone Cell Phone Work Phone

Occupation Email

Include phone # in school directory? YES or NO Include address in school directory? YES or NO

Guardian #2:

_____ First Last

Complete address below if different from Student.

Address

City State Zip Home/CellPhone

Occupation Work Phone Email

Include phone # in school directory? YES or NO Include address in school directory? YES or NO

School District & School your child would attend if attending public school:

District School

Remarried:parent/guardian spouse

parent/guardian spouse

Other children with whom the student resides:

Name Age Current School Grade

Persons authorized to pick up child:

Name of Person Relationship to Child Phone Number

Name of Person Relationship to Child Phone Number

Church membership (if any) _____

Pastor's Name _____ Denomination: _____

Baptized: Yes / No

Interested in Baptism? Yes / No

Is a language other than English spoken in your home? Yes _____ No _____

If yes, what language? _____ Is the applicant bilingual? _____

Please provide a few words or phrases you feel describe your child.

Please comment on your child's experience in day care or school.

What do you want your child to gain at Early School?

If there are circumstances which have affected or might affect your child's school performance, please explain below. For example:, frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

Does your child have any known allergies? If so please list.

Has your child been tested for any special needs? _____

If yes, results of needs testing:

Did a current Chapel of the Cross or Grace Chapel school family refer you to our school? _____

If yes, please name: _____

(A) When my child is ill, I understand and agree that my child may not be accepted for care.

(B) I affirm that all information on this application is true and accurate. I/We request that the above named child be enrolled in Grace Chapel Early Learning Centers.

Signature of Parent/Guardian

Date

PLEASE NOTE: In order to request admission, the following must be submitted, along with this application:

- Registration Fee
- Copy of Birth Certificate
- Photography Release
- Emergency Information Cards
- Student/Family Profile
- Tuition Agreement (signed)
- Parental Agreement (signed)

Office Use Only

Date received: _____

- Registration Fee
- Copy of Birth Certificate
- Photography Release
- Emergency Information Cards
- Student/Family Profile
- Tuition Agreement (signed)
- Parental Agreement (signed)

Admission Date: _____

Discharge Date: _____