



Grace United Methodist Church

Grace Weekday School

Registration Form 2019-2020

PLEASE PRINT CLEARLY AND COMPLETE ALL PAGES OF THE REGISTRATION FORM

Child's name _____ Date of application _____

Gender: M/F Date of Birth: _____ Nickname: _____

Returning student: YES/NO Sibling of a current student: YES/NO Grace Member: YES/NO

Sibling of a former student: YES/NO

Address: _____ Subdivision _____

City: _____ Zip _____ Phone: _____

Email address#1 _____

Email address#2 _____

Church affiliation: _____ Are you looking for a

Church home? If so, would you like to be contacted by Grace UMC? Yes/No

Parent or Guardian Information

Parent or Guardian _____ Parent or Guardian _____

Relationship to child: _____ Relationship to child: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Names and birthdates of other children in the family. _____

Any special circumstances of which our school should be aware: (single parent, adoption, and etc. _____

Please note any serious illnesses, injuries, surgery, allergies, etc. _____

Preschool/daycare experience (Name of preschool/daycare, where attended.) _____

Physician's name _____ Phone number: _____

EMERGENCY INFORMATION: If you cannot be reached, please list the names of two persons in the local area who will accept responsibility for the care of your child.

1st call: _____ Number to call: _____

2nd call: _____ Number to call: _____

2019-2020 School Year

I hereby authorize Grace United Methodist Church Weekday School to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached.

SIGNATURE _____ DATE: _____

Throughout the year, we take the children's pictures. We would like to use some of these pictures on our school website. Please indicate your permission to put your child's picture on the school's page.

YES/NO Signature: _____ Date: _____

PICK UP POLICY

Only Mom or Dad, or the people listed below as having parental permission, will be allowed to pick up your child. Any other arrangements, either temporary or permanent, must be given in writing. In case of a last minute emergency, a parent must call the office at 843-766-1621 ext. 2 and the message will

Relayed to your child's teacher. A picture ID is required for anyone other than a parent must be presented in the office.

SIGNATURE: _____ DATE: _____

NAME	RELATIONSHIP	TELEPHONE/CELL
_____	_____	_____
_____	_____	_____

CLASS OFFERINGS

K1/MMO __T/TH (2 DAYS) \$180 PER MONTH ____ M/W/F (3 DAYS) \$245 PER MONTH

M/T/W/TH/FR (5 DAYS) \$295 PER MONTH

K2 CLASSES __M-F (5 DAYS) \$295 PER MONTH ____M/W/F (3 DAYS) \$245 PER MONTH

____T/TH (2 DAYS) \$180 PER MONTH

K3 CLASSES __M-F (5 DAYS) \$295 PER MONTH ____M/W/FRI (3 DAYS) \$245 PER MONTH

K4 CLASSES __M-F (5 DAYS) \$295 PER MONTH

Classes will be made up by the number of boys and girls, personalities, and ages of the children.

Requests may be made to Mrs. Mitchum, in writing, and will be looked at on individual basis.

Registration is complete with the following:

1, Completed registration form.

REGISTRATION IS \$125.

2. Current immunization Records by 9/1/2019.

ADDITIONAL CHILDREN: \$25

3. **Non refundable** registration fee.

MAXIMUM IS \$150.

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY:

Date application was received: _____

Cash amount received: _____ Receipt Number: _____

Check amount received: _____ Check Number: _____ Receipt Number: _____