

**GracePointe Christian Academy**  
520-338-2205

**2026-2027 School Year - Registration Fees, Tuitions, and Policies**

The 2026-2027 School Year will begin August 10<sup>h</sup> for Elementary and August 11<sup>th</sup> for Preschool

Preschool class hours are Tuesday – Friday (no school on Monday) from 8:00 am to 12:00 pm  
Elementary Class Hours are Monday – Friday 8:00 AM–2:00 PM; early release Wed. at 1:00 PM

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**KINDERGARTEN REGISTRATION AND TUITION FEES**

**Nonrefundable** Registration Fee: \$500.00 per student

**Annual Elementary Tuition: \$6500.00**

Monthly Elementary Tuition: \$650 (based on a ten-month payment plan, August-May)

This monthly amount is not based on a daily rate; it is simply the tuition for the 2026-2027 school year. This includes scheduled days off, holidays, child absences, and any unforeseen emergency school closures.

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**ELEMENTARY (1-5) REGISTRATION AND TUITION FEES**

**Nonrefundable** Registration Fee: \$500.00 per student

**Annual Elementary Tuition: \$7000.00**

Monthly Elementary Tuition: \$700 (based on a ten-month payment plan, August-May)

This monthly amount is not based on a daily rate; it is simply the tuition for the 2026-2027 school year. This includes scheduled days off, holidays, child absences, and any unforeseen emergency school closures.

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**PRESCHOOL 3 AND 4-YEAR-OLD STUDENTS REGISTRATION AND TUITION FEES**

**Nonrefundable** Registration Fee: \$300.00

Returning students, Reservation Fee Deposit of \$50.00 due February 28<sup>th</sup>

The remainder of \$250.00 must be paid in full on June 1<sup>st</sup>.

**Annual Preschool Tuition: \$5200.00**

Monthly Preschool Tuition: \$520.00 (based on a ten-month payment plan, August-May). This monthly amount is not based on a daily rate; it is simply the tuition for the 2026-2027 school year. This includes scheduled days off, holidays, child absences, and any unforeseen emergency school closures.

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**EARLY REGISTRATION POLICIES**

The early registration period is in February. This time is strictly for currently enrolled students and school-aged siblings of current students entering as new students for the 2026-2027 school year.

*PLEASE BE ADVISED that current student accounts must be paid current **BEFORE** your student will be placed on the roster for the 2026-2027 school year. You will also **NOT** be given a registration packet until all fees are collected.*

**TUITION PAYMENT POLICY**

Tuition payments are due **ON THE FIRST DAY OF EVERY MONTH** (this includes August tuition).

An additional \$25 late fee per student account will be assessed if payment is not received by the 10<sup>th</sup> of the month.

After the 20<sup>th</sup> of the month, you will incur an additional \$25 charge.

*Scholarship payment is due monthly, and late fees will apply. This will be a parent out-of-pocket fee made payable to GracePointe*

**PRESCHOOL ONLY-ANNUAL TUITION PAID IN FULL DISCOUNT**

A 2% discount will be given when the annual tuition is paid in full by August 10, 2026. The discount will apply to full annual tuition **BEFORE** the family discount is applied. If a student is withdrawn whose tuition has been paid in full, a refund will be calculated in accordance with the withdrawal policy outlined in the Parent Handbook.

**FINANCIAL AID**

Student Tuition Organization Assistancess are available for Elementary students only.

Scholarship information is available in the school office.

GracePointe Christian Academy  
Registration Check List  
2026-2027 School Year

Name of Student: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Please review the checked areas that need attention before returning. An incomplete registration packet will not be processed.

\_\_\_ Enrollment contract (parent's initials and signatures are required). Please initial **all** sections on the contract.

\_\_\_ Light blue (cardstock) Emergency Information and Immunization Record Card  
Please complete every section of this form. If a section does not apply please indicate with "N/A"

Note: "Telephone Authorization Code

We REQUIRE that you provide a password or code in the event that you need to make an immediate change or addition to your child's file by phone. **Changes/additions cannot be made by phone without this code.**

\_\_\_ White Additional Information Card (cardstock 1/2 sheet)

\_\_\_ Original Current UP-TO-DATE Immunization Record (copies will be made in the school office)  
Dr. office may EMAIL report to us at [tonya@gracepointetucson.org](mailto:tonya@gracepointetucson.org)

\_\_\_ Original Birth Certificate (**New students only**)

\_\_\_ Affidavit of Intent for Private School (Kindergarten & newly enrolled elementary students only)

\_\_\_ Parent Questionnaire

\_\_\_ Sunscreen Permission Form

\_\_\_ Movie Permission Form

\_\_\_ Transition Form (**Preschool only**)

\_\_\_ Student's family account(s) paid up to date

\_\_\_ Registration fee collected (optional payment plans for Elementary only)

\_\_\_ Do you have an address, phone, or email change?      Yes \_\_\_ No \_\_\_

\_\_\_ Does your child need a prescribed medication kept at school (including Inhaler)?   Yes     No  

**For office use only:**

Registration Information verified by: \_\_\_\_\_ Date packet received: \_\_\_\_\_

Preschool/Kindergarten Immunization report completed by: \_\_\_\_\_

Packet completed on: \_\_\_\_\_

**2026-2027 School Year Additional Information Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The Arizona Department of Health Services blue Emergency Information and Immunization Record Card requires an indication of individuals who are authorized to collect your child if you can not be located. Please indicate on this form the additional names of other individuals who are authorized to pick up your child.

The child may be picked up by:

<u>Name</u>	<u>Phone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Child may not be picked up by:

_____
_____
_____
_____
_____
_____
_____
_____

The above-named person must be 18 years or older

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

Date \_\_\_\_\_

Additional names after registration:

Child may be picked up by:

<u>Date added</u>	<u>Name</u>	<u>Phone Number</u>	<u>Staff Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please make sure the people listed above have our phone numbers stored in their phones. We have experienced people not answering our calls because they do not recognize our number.**

**(520) 338-2204 Director  
(520) 338-2205 Tonya  
(520) 883-3281 Church office**



Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex: [ ] male [ ] female

Form with fields: Parent or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: Parent or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: Health Care Provider\*, Name, Contact Telephone Number

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Form with text: In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Form with field: Name(s):

Custody papers have been provided and are on file at the facility. [ ] yes [ ] no

Telephone Authorization Code : \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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**GracePointe Christian Academy**  
**2026-2027 School Year Enrollment Contract**  
**Preschool Class Pre-3 / Pre-4**

(Please Print)

Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Name of financially responsible person **if other than parent:** \_\_\_\_\_

Financially responsible person's address: \_\_\_\_\_

Financially responsible person's phone number: \_\_\_\_\_

1. **Student Enrollment:** By signing this contract, I/we request that the school reserve a place for the above-named student for the entire school year beginning August 11, 2026, and ending May 27, 2027, or for the remainder of the school year if the student enrolls during the current school year.
  
2. **Tuition Monthly Payment-** Annual tuition is \$5200.00. The annual tuition is then divided by 10 months, resulting in \$520.00 per month. **This monthly amount is not based on a daily rate.** It is simply the 2026-2027 school tuition. This includes scheduled days off, holidays, child absences, and unforeseen emergency school closures. This yearly rate, as well as the policy, has been set forth by our School Board. I/we agree to pay the \$520.00 monthly tuition payment due and payable on the 1<sup>st</sup> of every month for the entire school year (August through May). A \$25.00 late fee will be assessed to my/our account at the close of business on the 10<sup>th</sup> day of the month if my/our account balance is not paid in full. An additional \$25.00 late fee will be assessed to my/our account on the 20<sup>th</sup> day of the month if my/our account balance is not paid in full. \_\_\_\_\_ *Initials* \_\_\_\_\_ *Initials*
  
3. **Rules & Regulations –** I/we agree to accept and comply with the school's rules and regulations as adopted by the School Board and administration, as explained in the parent handbook. These include rules of conduct and rules for academic requirements to be met by the student and parents. Parents are expected to cooperate with and support GracePointe Christian Academy and its teachers in the education and discipline of their child(ren) in the classroom and during other related school activities. \_\_\_\_\_ *Initials* \_\_\_\_\_ *Initials*
  
4. **Exclusion of Student for Unpaid or Delinquent Account –** The school may un-enroll a student from class on the first day of the new month if any tuition and late fees remain unpaid. **Registration packets will not be processed in the event a student AND/OR a sibling's account remains unpaid for the current or previous school year.** Academic records will be withheld pending payment in full. \_\_\_\_\_ *Initials* \_\_\_\_\_ *Initials*
  
5. **Withdraw and Re-Enrollment –** My/our account (including all late fees) must be paid in full, and a re-registration fee of \$50.00 will be required before a Student can return to the school. \_\_\_\_\_ *Initials* \_\_\_\_\_ *Initials*
  
6. **Withdrawal Policy –** I/we understand this contract is for the 2026-2027 school year. I/we understand the following withdrawal policy:  
 If a student needs to be withdrawn from GracePointe Christian Academy before or during the school year, a formal withdrawal form must be completed in the school office. Failing to attend class does not constitute withdrawal, nor does it end financial responsibility. If a student is withdrawn before the end of August 2026, I/we understand that I/we are still responsible for the entire month of August tuition of \$520.00. All student curriculum is property of GracePointe Christian Academy and **must be returned.** \_\_\_\_\_ *Initials* \_\_\_\_\_ *Initials*

**If your child is withdrawn during:**

- 1<sup>st</sup> quarter ending 10/8/26
- 2<sup>nd</sup> quarter ending 12/17/26
- 3<sup>rd</sup> quarter ending 3/18/27
- 4<sup>th</sup> quarter ending 5/27/27

**Amount due is:**

- 25% of annual tuition less tuition already paid
- 50% of annual tuition less tuition already paid
- 75% of annual tuition less tuition already paid
- 100% of annual tuition less tuition already paid

7. **Discount Policies**

**Multi-Child Discount –**

2 enrolled pre-school students = \$15 discount per month, per family. \_\_\_\_ *Initials* \_\_\_\_ *Initials*

**Annual Tuition Paid In Full Discount** - A 2% discount will be given when annual tuition is paid in full by August 11, 2026. The 2% discount will apply to the full annual tuition BEFORE the family discount is applied. If a student is withdrawn, a refund will be calculated based on the withdrawal policy outlined above. \_\_\_\_ *Initials* \_\_\_\_ *Initials*

8. **Permission for students to participate in emergency transportation:** I/we agree that the above-named student may leave the school premises under the supervision of the Director, teacher, law enforcement, or designated party in an emergency. \_\_\_\_ *Initials* \_\_\_\_ *Initials*

9. **Permission For Medical Care-** I/we agree that the School Director or her representative has my/our permission to take necessary steps to obtain emergency medical care when warranted. These steps may include, but are not limited to, the following:

- a. Call 911
- b. Attempt to contact a parent or guardian
- c. Attempt to contact the child’s physician
- d. Attempt to contact a parent through any of the persons listed on the emergency information form completed by the parent
- e. If the administrator cannot contact me/us or my/our child’s physician, she will do one of the following:
  - a) call another physician, b) call an ambulance, or c) take the child to the emergency room or the hospital indicated on my/our health form. \_\_\_\_ *Initials* \_\_\_\_ *Initials*

10. **Permission For Photography** – If a photographer or staff member takes a picture with my child in it, either individually or in a group, I permit my child’s picture to be used in future brochures, social media, videotapes, DVDs, yearbook, or other publications of GracePointe Christian Academy. \_\_\_\_ *Initials* \_\_\_\_ *Initials*

11. **Permission For Testing** – I/we agree to allow the above-named student to participate in any criterion-referenced testing. I/we understand that a copy of all testing results will be given to me/us as part of the evaluation process.

12. **Cancellation and Waiver-** With the recommendation of the School Director and with the approval of the School Board, the school reserves the right to cancel this contract in the event that immediately:

- a) The above-named student or parent poses a threat to the safety of any student or faculty member
- b) The above-named student or family member expresses or displays noncompliance to Rules & Regulations as outlined in Section 3 above.

\_\_\_\_ *Initials* \_\_\_\_ *Initials* \_\_\_\_

13. **Signature-** We require the Initials/Signatures of both Parents and the Financially Responsible Party if applicable, unless one parent has sole legal custody

14. **Parent Handbook** – I/we agree to follow all policies and procedures as outlined in the 2026-2027 GracePointe Christian Academy Parent Handbook. \_\_\_\_ *Initials* \_\_\_\_ *Initials* \_\_\_\_

15. **Effective date of contract-** This contract will become effective with my/our signature(s) and payment of the reservation and registration fee.

\_\_\_\_\_  
Signature of Parent or Guardian and/or Person Financially Responsible

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

\_\_\_\_\_  
Signature of Parent or Guardian and /or Person Financially Responsible

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

\_\_\_\_\_  
Signature of Person Financially Responsible

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

\_\_\_\_\_  
Signature of Director

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

**Preschool Student Parent Questionnaire**  
**2026-2027 School Year**

*For more writing space, please use a blank sheet*

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

What name does your child go by? \_\_\_\_\_

We would like to know your child completely in order to best meet his/her needs individually. Please answer the following questions honestly.  
All answers will remain confidential.

Please name the persons living at home and their relationship to the student.

NAME	RELATIONSHIP	AGE (if appropriate)

Is there a primary caregiver other than the parents? If so, who, how frequently? -  
\_\_\_\_\_

Has your child ever attended another preschool? \_\_\_\_\_

School name: \_\_\_\_\_

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Why did you leave? \_\_\_\_\_

At what age did your child become "potty trained"? \_\_\_\_\_

What are the parents' occupations?

\* Annual Salary

Father:

\$ \_\_\_\_\_

Mother:

\$ \_\_\_\_\_

\*Salary information is optional. This information is collected for requesting grant funds from various agencies and organizations.

Child's Ethnicity:

Asian \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_

Caucasian \_\_\_\_ Other \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Have you talked with your child about attending our school? How does he/she feel about it? \_\_\_\_\_

\_\_\_\_\_

Does your child object to being left in the care of others? \_\_\_\_\_  
Please list 3 words that describe your child: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

What are your child's greatest strengths? \_\_\_\_\_

Please list any concerns you have about your child's development \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Please describe any situations that we might need to be made aware of to help make your child's adjustment and experience here the very best it can be? \_\_\_\_\_  
\_\_\_\_\_

What form of behavior control do you use with your child? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any problems with vision, hearing or speech? \_\_\_\_\_ if yes, please explain \_\_\_\_\_

Is your child's speech clear? \_\_\_\_\_

Do others understand your child when he/she speaks? \_\_\_\_\_

Please list any serious accidents or surgeries your child has had \_\_\_\_\_

Does your child often have medical problems such as:

- |                      |                           |                               |
|----------------------|---------------------------|-------------------------------|
| _____ colds          | _____ constipation        | _____ nose bleeds             |
| _____ ear infections | _____ hay fever/allergies | _____ heart trouble           |
| _____ upset stomach  | _____ diarrhea            | _____ nightmares              |
| _____ fever          | _____ asthma              | _____ others (please explain) |

Does your child take any medications regularly? \_\_\_\_\_ please list any medications, dosages, and times \_\_\_\_\_

Are there any other unusual things we should know about? (i.e., fear of dogs, fear of loud noises, unaccustomed to playing with other children, etc.) \_\_\_\_\_

In the last six to twelve months, have there been any life-changing circumstances in your child's life?  
\_\_\_\_\_

Please describe your family's church background \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will learn in preschool this year? \_\_\_\_\_

**Please let us know if there are any changes during the school year. For example, a new baby, death in the family, divorce, etc. These events can greatly influence your child's behavior, and we appreciate being kept informed.**

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



**SUNSCREEN APPLICATION PERMISSION FORM**

Applies to the 2026-2027 School Year

Name of Child: \_\_\_\_\_

As the parent or guardian of the above child, I give permission for faculty and staff at GracePointe Christian Academy to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he/she will be engaging in outdoor activities during the months of August to May and between the daily times of 10:30 to 12:00 noon. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, the tops of the ears, the nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

\_\_\_\_\_ The GracePointe Staff may use the sunscreen of their choice, in keeping with applicable federal and state standards.

\_\_\_\_\_ Only use the following type(s)/SPF sunscreen (provided by the parent):

Name of sunscreen \_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

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

Parent's full name (print) \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SAVE THE DATE!**

Please join us for our open house on  
Monday, August 3rd, from 5-7 p.m.

We will meet in your child's classroom  
for classroom introduction.

You are not required to stay the entire 2 hours, and may  
leave when you are done.

Your children will receive their  
class supply lists and Binders.

**AUGUST 10<sup>TH</sup> FIRST DAY OF SCHOOL FOR ELEMENTARY**

**AUGUST 11<sup>TH</sup> FIRST DAY OF PRESCHOOL**



If your household is experiencing difficulties for any reason, we would like to provide extra support for your child here at GracePointe. If your child has had a rough night, weekend, or morning, or if a situation has arisen where your child may not be themselves, please write

**"Handle with Care."**

in an email.

We understand you may not wish to go into detail regarding the situation, and that's ok. Nothing else needs to be said, and we will not ask unless you wish to share. This will let me know if your child may need extra attention, time, patience, or help during the day.

Simply email Mrs. La Roque at [lisa@gracepointetucson.org](mailto:lisa@gracepointetucson.org)

GALATIANS 6:2

"Carry each other's burdens, and so you will fulfill the law of Christ."



## Mom and Dad, are you ready?

You've done all the research and picked out the perfect preschool for your child. You made sure your little one got to bed early so he'd wake up ready to go. A backpack stuffed with supplies like crayons, paper, and glue sticks is waiting by the front door. That all-important first-day-of-school outfit is hanging in the closet, and the snack you've made to share with the class is wrapped and ready to go.

The first day of preschool has arrived, and it's time for your child to begin an educational journey that will last nearly two decades. Trust us when we say, it is not for the faint of heart, but we understand.

Saying goodbye to mom and dad, particularly if it's the first time out of the house alone, can be difficult for many preschoolers. For some, it's old hat—they've been in daycare for years or just have an incredibly easy-going, go-with-the-flow personality. The key is to make sure you are ready for your child to go to preschool. If you are sad and upset, your child will pick up on that immediately. So, on the big day, keep a bright smile on your face and stay positive. This will set a great tone for your child and help them realize that preschool is something they can and should look forward to.

First, be prepared for some tears. It's a scenario played out at preschools everywhere: a screaming child holding onto mom or dad's legs for dear life, refusing to even look at the classroom, much less walk into it alone. Relax. It's normal. Kids this age thrive on familiarity, so when they are placed in a new situation, it's common for them to panic a little bit. Please remember our teachers have years of experience and have plans in place to calm children and activities to set a routine for their day. Once they understand a daily routine, they are happy to get to school and start activities with their friends!

For some children, crying doesn't start until they see other kids or parents crying. It's almost like peer pressure—you can almost see the thoughts forming in your little one's head: "If he's crying, then there must be something I should be upset about, too."

In any case, crying children are nothing new to a preschool teacher. After over 40 years of teaching, we have a successful process for dealing with this situation.



Dear Parents,

From time to time, we would like to allow our students to watch a movie. We only do this on special occasions. Many current, relevant children's movies are now rated PG instead of G. We would like your permission to show these PG-rated movies to your child. If you have any questions, please feel free to ask.

By signing this form, you are authorizing GracePointe Christian Academy to show your child a PG-rated movie.

Childs Name: \_\_\_\_\_

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

Date: \_\_\_\_\_