



## 2012-2013 REGISTRATION FORM

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade upon entry into GFS 2012-2013 \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mothers Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Email Address:: \_\_\_\_\_

Siblings: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other Parent/Guardian with legal custody \_\_\_\_\_

Person authorized to pick up the student from school other than parent/guardian:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Phone Numbers Other Than Parents:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. Does the student attend a church regularly? \_\_\_\_\_ If yes, what church? \_\_\_\_\_

2. Are the student's family members of Grace Family Church? \_\_\_\_\_ If yes, when? \_\_\_\_\_

3. What is the primary language of the student? \_\_\_\_\_ Does the student speak English? \_\_\_\_\_

4. Previous School Attended: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

5. Has the student ever repeated a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Explanation: \_\_\_\_\_

6. Has the student ever had behavior issues in school that have been brought to your attention? \_\_\_\_\_  
If yes, please give detailed information regarding the behaviors displayed and how the teacher/school dealt with the issues.

---

---

7. Has the student ever had difficulty learning in school, had an IEP, or SST? \_\_\_\_\_  
If yes, please give detailed information regarding this and the district where IEP or SST was given?

---

---

### Medical Information

1. Does the student have any medical issues or allergies? \_\_\_\_\_ If yes, please explain in detail:

---

---

2. Dr.'s Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Insurance?: \_\_\_\_\_ If yes, Insurance Provider: \_\_\_\_\_

Providers Phone #: \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

3. Dentist's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Dental Insurance?: \_\_\_\_\_ If yes, Insurance Provider: \_\_\_\_\_

Dental Insurance Phone #: \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

### Emergency Release

I, \_\_\_\_\_ give permission that my child, \_\_\_\_\_, may be given  
(Parent/Guardian Name) (Student Name)

emergency treatment by a staff member of GFCS if needed. I also give permission for my child to be transported by car or by ambulance to an emergency center for treatment if in an emergency.

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

## Financial Agreement

### One-time Fees:

Registration Fee due with application for all new students: \$50

Curriculum Fee: Kindergarten: \$140, 1<sup>st</sup>-6<sup>th</sup> Grade: \$280

### Tuition:

#### *Grace Family Church Members:*

Kindergarten: \$230 per month

Total for the year: \$2300

1<sup>st</sup>- 6<sup>th</sup> Grade: \$280 per month

Total for the year: \$2800

#### *Non-Members:*

Kindergarten: \$280 per month

Total for the year: \$2800

1<sup>st</sup>- 6<sup>th</sup> Grade: \$330 per month

Total for the year: \$3300

### Other Fee's:

Lunch Fee: \$20 per month or food donation

Kindergarten Extended Day Program Fee: \$50 extra per month

\*If more than one child per family is enrolled at GFCS, the family is eligible for a discount. The oldest child is paid in full, and any other children enrolled after that, tuition is 1/2 off.

I agree that all payments will be paid by me. \_\_\_\_\_

I agree that my tuition payments are due in the amount of \$\_\_\_\_\_ by the 15<sup>th</sup> of every month. \_\_\_\_\_

I agree that if I will pay a \$25 late fee if tuition is not paid by the 15<sup>th</sup> of every month. \_\_\_\_\_

I agree that the first payment is due by August 15<sup>th</sup>, 2012, and the last payment is due on May 15<sup>th</sup>, 2012. I understand the total I will be paying for the entire year is broken up in to 10 payments, totaling \$\_\_\_\_\_.

I agree that I will pay the curriculum fee as mentioned above, as well as any other late fees if needed. \_\_\_\_\_

I agree that I will participate in the two school fundraisers (Fall-Chocolate Sales, Spring- Food Sale) that GFCS has, and that I will donate my time and/or financial assistance for these projects. \_\_\_\_\_

I agree that if I agree to enroll my child in our Kindergarten Extended Day Program, I will pay an extra \$50 per month, which will be added to my child's tuition fee. \_\_\_\_\_

I agree that if I choose to enroll my child in the extracurricular activities such as private music lessons, swimming, etc., that I will pay all additional fees required. \_\_\_\_\_

---

### *Office Use Only:*

*Returning Student:* \_\_\_\_\_ *New Student* \_\_\_\_\_ *Registration Fee Paid* \_\_\_\_\_ *of \$50*

*Date of entry into GFCS:* \_\_\_\_\_

*Total Amount Due:* \_\_\_\_\_ *Paid in full* \_\_\_\_\_ *OR 10 monthly payments of:* \_\_\_\_\_