

Child's Name _____ Age (as of Sept. 1, 2009) _____



**Enrollment Forms
2009-2010**

SUMMER: 9:00 a.m. - 2:00 p.m. (NO extended care)

Please check which session(s) your child will be attending.

- Session 1 ~ June 16 - July 9
 Session 2 ~ July 21 - August 13

Please check days preferred:

- 1 day (Wed) 2 days (T/TH) 3 days (T/W/TH)

FALL/SPRING: 8:30 a.m. - 2:30 p.m.

**Infants through 4 years (not attending Kindergarten Fall 2010):
Please check days preferred below.**

- 2 days (T/TH) 3 days (M/W/F) 5 days (M-F)

**PRE-K: If your child will be attending Kindergarten Fall 2010,
please check days preferred below. We recommend a minimum of 3
days per week.**

- 2 days (T/TH) 3 days (M/W/F) 5 days (M-F)

Kindergarten: 5 days (M-F)

EXTENDED CARE: Please indicate if you will be utilizing extended care.

- Early Drop-Off 6:30 - 8:30 Stay 'n Play 2:30 - 6:30

Office Use Only:

Start Date _____ Withdrawal Date _____

Grace Crossing Academy

A Ministry of Grace Crossing A Community Church of Christ

Director: Kelly Porter

Our policies **require** that the following information be on file for each child before attending school and that parents provide written notification of any immunization updates. Updated **immunization records** as well as your **physician's signature** are required for each new school year.

Your child's completed forms must be on file no later than the end of his/her first week of school or you will forfeit your child's opportunity to return to school the following week.

Child's Name: _____		Age Sept. 1, 2009 _____	Yrs. _____	Months _____
(Last)		(First)	Nickname: _____	
Phone Number (_____)		Birthdate	____ / ____ / ____	Male/Female _____
Address, City: _____				Zip _____

E – Mail Address _____ **(Great communication tool!)**

FAMILY INFORMATION:

Father's Name: _____ **Employer:** _____

Work Phone #: _____ **Cell Phone #:** _____

Mother's Name: _____ **Employer:** _____

Work Phone #: _____ **Cell Phone #:** _____

Siblings living at home:

Name & age: _____ **Name & age:** _____

Name & age: _____ **Name & age:** _____

PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY:

Your child will be released ONLY to parents or to an adult designated in writing by a parent. (Driver's License I.D. required) Please list persons who have your permission to pick up your child and who can be contacted in case of an emergency if you cannot be reached. (Please be certain that the people you designate are willing to pick up your child in case of an illness or emergency.)

Name: _____ **Phone:** _____ **Cell:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Cell:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Cell:** _____ **Relation:** _____

Parent Signature _____ **Date** _____

CHILD'S PERSONAL HISTORY:

Living Arrangements (Optional):

Parents: Both _____ Mom _____ Dad _____ Grandparents _____ Guardian _____
Married _____ Separated _____ Divorced _____ Single _____
Stepfather _____ Stepmother _____

If court ordered visitation applies, please provide copies of court documents concerning custody, guardianship, visitation, etc.)

About Your Child (Please continue on the back if necessary.):

Has your child had any previous childcare or preschool experiences? _____

How often does your child stay with people other than parents (i.e. Sunday School, babysitters, Grandparents, etc.)? _____

Who cares for your child when you are away from home? _____

What is your child's typical reaction to being left with someone? _____

Do you have any pets? _____ Names and kinds _____

Favorite toys _____ Favorite activities _____

Is your child potty trained? _____

What word does your child use when he/she needs to go to the bathroom? _____

What time does your child go to bed at night? _____ Get up in the A.M.? _____

Does your child take afternoon naps? _____ If so, what time? _____ How long? _____

Any special instructions for napping? _____ Lovie? _____ Pacifier? _____

How does your child act when upset? _____

What helps to reassure your child? _____

What causes your child to lose his/her temper? _____

What things does he/she fear? _____

What types of discipline do you use? Such as Ignoring _____, Redirection _____, Sending to room _____, Time out _____, Other _____

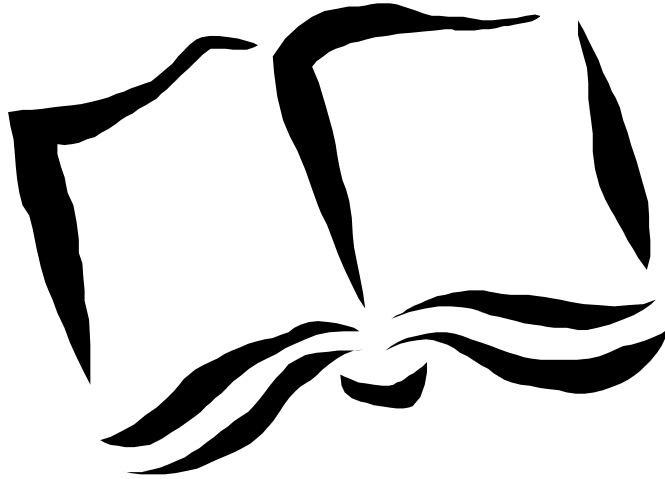
Describe your child's personality _____

Is your child adopted? (optional) _____ Age at adoption? _____ Does your child know he/she is adopted? _____ Comments _____

Please tell us of any special needs that your child may have or concerns that you may have regarding your child. _____

Parent Signature

Date



Acknowledgement of GCA Policies

I, _____, parent of _____, have read and understand the policies and guidelines of Grace Crossing Academy, as presented in the Parent Handbook (available on the GCA website).

I agree to abide by all policies stated in the Parent Handbook, including those for discipline and guidance. I understand that I will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Grace Crossing Academy will be made in writing and will be handled in a timely manner.

I also understand that any breach of policies may be grounds to terminate enrollment in Grace Crossing Academy. A two week notice will be given in such circumstances, unless the infraction is severe enough to warrant termination without notice, and tuition paid will not be refunded.

Parent Signature _____

Date _____

GRACE CROSSING ACADEMY

105 FM 1488

CONROE, TX 77384

(936) 442-5790

Child's Full Name _____

Date of Birth _____

I have examined the above named child within the past year and find that he/she is physically able to take part in a day care program.



Health Care Professional's Signature

Address

Date

The following is for children four years and older:

VISION	R 20/_____	L 20/_____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Signature _____			
HEARING	1000 Hz	2000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R			
L			
Signature _____		Date _____	

******PLEASE ATTACH A COPY OF THIS CHILD'S IMMUNIZATION RECORD AND RETURN TO PARENT OR SCHOOL******