



Welcome to  
Gardendale Christian Academy  
2017-2018

Items needed to complete registration;

1. Registration fee of \$145
2. The following forms completed
  1. Student information
  2. Parent/Guardian information
  3. Financial contract read and signed
  4. Permission form read and signed
  5. Church School Enrollment form read and signed (grades 1 & up only)
  6. Yellow info sheet
  7. Small picture of student (new student)
  8. Copy of original birth certificate (new student)
  9. Copy of student Social Security card (new student)
3. Immunization Form  
New student's MUST provide a form with the registration papers (no exceptions)  
Previous students must check with office to see if form needs to be up-dated
4. Registration is not complete until registration papers have been approved by Administration. If your student is not approved you will be notified.

1800 Decatur Highway, Gardendale, Alabama 35071

Office 205-631-9465 x 0 Fax 205-631-5476

**Student Information**

Student Name (last, first, middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Student's Current Grade \_\_\_\_\_ Entering \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous school attended \_\_\_\_\_

Student's Race \_\_\_\_\_  Male  Female SS# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Is student on medication?  No  Yes What medication? \_\_\_\_\_

Does student have any allergies or Health Conditions GCA needs to be informed of?  No  Yes

List \_\_\_\_\_

Has a form been completed for medicine to be administered at school?  No  Yes

Is the Immunization Form on file in the office?  No  Yes New students MUST have one!

**Family Information No abbreviations**

Father/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Address if different than student \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Legal Guardian?  No  Yes Does the student live with this parent?  No  Yes

Mother/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Address if different than student \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Legal Guardian?  No  Yes Does the student live with this parent?  No  Yes

**General Information**

Names of other children in the home	Grade	Age

Has this student ever been expelled from a school? No      Yes      Suspended No      Yes

Has this student ever been retained in a grade? No       yes If yes, what grade?\_\_\_\_\_

Has this child or any other child in your family previously been enrolled in GCA or Nazarene Day Care? no      yes

What Church do you attend?\_\_\_\_\_

Parental Status:      Married      Separated      Divorced      Remarried  
Father Deceased      Mother Deceased      Single

Custody Arrangements No      Yes      If yes, please provide necessary court papers.

T-shirt size:    youth small      youth medium      youth large      youth x large  
adult small      adult medium      adult large      adult x large

***This covers June 2017 – May 2018.***

Student will be in Summer Care (2017)

K4 only/ Student will be leaving at 11:30 –OR- staying all day

K5-5<sup>th</sup> grade/ Student will be leaving at 3:00

and-

Student will be staying for After School Care for an additional fee

Emergency Contact Information

In an emergency, parents/guardians will be called 1<sup>st</sup>, so you need not repeat parent information here. All emergency contacts you list will be checked as having your permission to pick up this student. Please list them in the order you want them called if an emergency happens and GCA cannot get in touch with you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Financial Contract

Student Name \_\_\_\_\_

1. The registration fee of \$145 is **NON-REFUNDABLE**.
2. Book fees are for K4 and above, and are due July 1<sup>st</sup>.  
K4 = \$100  
K5 = \$150  
Grades 1-5 = \$160

3. Payments will be made as agreed upon in the payment schedule.  
I choose to make payments on the following schedule:

**Kindergarten 4 year olds (8:00-11:30)**

- \_\_\_\_\_ annual (due by 1<sup>st</sup> day of school)  
1<sup>st</sup> child = \$2000/2<sup>nd</sup> child = \$1725
- \_\_\_\_\_ 10 installments (August – May)  
1<sup>st</sup> child = \$200/2<sup>nd</sup> child = \$172.50

**Kindergarten 4 year olds All Day (7-6)**

- \_\_\_\_\_ weekly (due each Monday)  
1<sup>st</sup> child = \$135/2<sup>nd</sup> child = \$125

**Fees are due for All Day K4 for weeks in which holidays occur or when school is out of session.**

**Kindergarten 5 year olds (8-3)**

- \_\_\_\_\_ annual (due by 1<sup>st</sup> day of school)  
1<sup>st</sup> child = \$2575/2<sup>nd</sup> child = \$2225
- \_\_\_\_\_ 10 installments (August – May)  
1<sup>st</sup> child = \$257.50/2<sup>nd</sup> child = \$222.50

**Grade School 1<sup>st</sup> – 5<sup>th</sup> grade (8-3)**

- \_\_\_\_\_ annual (due by 1<sup>st</sup> of August)  
1<sup>st</sup> child = \$3450/2<sup>nd</sup> child = \$3150/3<sup>rd</sup> child = \$3000
- \_\_\_\_\_ 10 installments (due 1<sup>st</sup> of each month Aug-May)  
1<sup>st</sup> child = \$345/2<sup>nd</sup> child = \$315/3<sup>rd</sup> child = \$300

**After School Care (K5-5<sup>th</sup> grade)**

- \_\_\_\_\_ weekly 1<sup>st</sup> child = \$60/2<sup>nd</sup> child = \$57
- \_\_\_\_\_ daily per child = \$18 (no discounts)

4. A student's account will be considered delinquent when any installment has not been made as of the first (1<sup>st</sup>) of the month. If payment is not received by the seventh (7<sup>th</sup>) of the month, a late fee of \$15 shall be added.
5. Weekly fees are due on Monday of the week of service and are late on Tuesday at 10:00am. A late fee of \$15 shall be added after 10:00am.
6. If a student's tuition becomes a month late, or weekly fees become two (2) weeks late, it is understood that the student shall be subject to dismissal from GCA. Any deviation from this payment schedule must be discussed in advance with the bookkeeper and formally approved to avoid dismissal of the student or collection proceedings.

7. A 1.5% monthly finance charge will added to unpaid balances once a student is dis-enrolled.
8. All previous bills must be paid in full by May 31, 2017 for registration to be accepted. If not paid this contract will be void and your child will not be registered.
9. When GCA school is closed and the daycare is open, the summer/holiday rates apply.  
 K4 1<sup>st</sup> child = \$135 weekly/2<sup>nd</sup> child = \$125 weekly  
 K5 – 5<sup>th</sup> grade  
     1<sup>st</sup> child = \$135 weekly or \$31 daily  
     2<sup>nd</sup> child = \$125 weekly or \$28 daily  
     *Daily prices are with a 2-day minimum*
10. This is a binding contract and can only be terminated by one of the following exceptions:
  - a. When the parent/guardian moves out of town or a distance that GCA sees as unreasonable to transport the student.
  - b. When there is mutual agreement between the parent/guardian and GCA that is in the best interest of the student to pursue the student’s personal learning needs.
  - c. Death of the student.
  - d. If there is loss of income, equal to the amount of tuition, such as a job in the immediate family of the student, this contract can be dissolved. Supportive documentation may be required.
11. In the event this account is placed in the hands of an attorney or agency for collection I/WE, the undersigned do jointly and severally agree to pay reasonable attorney’s fee or a collection agency’s fee of \$20.00, plus 10% interest on the unpaid balance.
12. We, as parents/guardians of ur student, do sincerely give our pledge to all items stated above.
13. We, as parents/guardians, have read the Handbook of Gardendale Christian Academy and understand the policies that are set forth, and will see to it that our student and we, as parents/guardians, will abide by these policies and rules.

**SIGNATURE OF BOTH PARENTS/GUARDIANS IS REQUIRED**

Male Responsible \_\_\_\_\_ Date \_\_\_\_\_

Female Responsible \_\_\_\_\_ Date \_\_\_\_\_

**YOU HAVE THREE (3) WORKING DAYS TO VOID THIS CONTRACT AFTER SIGNING**

Office Use Only
Received by: _____ Date: _____

Permission Form

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

**1. Emergency Medical**

Permission is granted for the above-named student to be given appropriate medical care in the case of an emergency or life-threatening situation when circumstances are such that it is impractical or unreasonable to obtain my consent. (However, I understand the school will contact me as soon as possible.) In such cases, I will assume responsibility for the cost of those related emergency medical services.

List any allergies: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**2. Transportation**

Permission is granted for the above named student to ride on any school approved vehicles.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**3. Field Trips**

Permission is granted for the above named student to go on any school supervised field trips.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**4. Discipline**

*Permission is granted to the school authorities to discipline my child in accordance with whatever discipline measures are deemed by GCA to be appropriate and necessary. This includes the possibility of corporal punishment by spanking. When the parent/guardian has failed to give written permission for corporal punishment, they will be asked to come to the school to administer such or pick up their child, if he/she becomes unruly.*

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**5. Photo Release**

Pictures of the above-named student may be used in school publications such as the yearbook, handbook, brochure, web site and public media for promotion of GCA. Last names will not be used with pictures except in yearbook without parental permission.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**6. Breakfast**

GCA serves breakfast for K4-5<sup>th</sup> grade each weekday morning. The cost is \$1.25 per meal. Accounts are set up in the office so students do not need to bring money to school. Parents may deposit money in the account at any time. By signing below, you are giving GCA permission to charge your child's account each time a breakfast is eaten.

**7. Account**

We, the parents/guardians, do hereby give permission for the following persons to discuss our child's account when we are not present, with the proper administrative personnel:

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Church School Form (1<sup>st</sup> Grade and Up)**

School Year: 2017-2018

Date of Enrollment \_\_\_\_\_

Public School District \_\_\_\_\_ County

In order to comply with State of Alabama regulations controlling church school enrollment, please complete all areas of this form, including signatures. This form will be returned after the start of school with the administrator's signature. ***It is the parents/guardians responsibility to mail the completed form to the appropriate County Board of Education.***

Student Name (please print) \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street, P.O. Box. City, Zip

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name of Church School Facility: Gardendale Christian Academy

Address: 1800 Decatur Highway, Gardendale, AL 35071 Phone: (205)-631-9465

Church School Administrator: John Parrish /School Director: Linda Wheeler

Date: \_\_\_\_\_ Administrator/Director Signature: \_\_\_\_\_

**Consent for Notification of Student Withdrawal**

I hereby give prior consent to the Administrator/Director of Gardendale Christian Academy Church School to notify the public school superintendent should the above-named student cease attendance at said school.

\_\_\_\_\_  
Signature of Parent or Guardian Date: \_\_\_\_\_

**Jefferson County Board of Education  
2100 18<sup>th</sup> St. South  
Homewood, AL 35209**

**Birmingham Board Of Education  
Attendance Department  
2015 Park Place  
P.O. Box 10007  
Birmingham, AL 35202**

**Blount County Board of Education  
P.O. Box 578  
Oneonta, AL 35121**

**Tarrant Board of Education  
1318 Alabama Ave  
Tarrant, AL 35217**





# SchoolCast Registration Form

2017-2018

SchoolCast is a rapid alert notification system that enables **our school** to reach students, parents, faculty and staff, within moments through a variety of popular communication methods.

In 2015, the Federal Communications Commission (FCC) updated its rules to prohibit calls made using automatic telephone dialing equipment or a prerecorded message to any telephone number assigned to a cell phone or any service for which the called party is charged for the call without prior consent, unless the call is for emergency purposes as defined by the Telephone Consumer Protection Act. (Reference: 47 U.S. Code § 227) Therefore, you will need to complete this form giving **our school** permission to call and/or text your landline and/or cell phone numbers with information utilizing the SchoolCast rapid alert notification system. If you do not complete this form you will not receive important information. However, according to the current TCPA guidelines, you will still be contacted in the event of an emergency.

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

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_ I give permission to be called and/or texted using automatic dialing equipment at the following numbers. By signing this form, I certify that I am the owner of the phone numbers listed.

Landline Phone 1: \_\_\_\_\_

Landline Phone 2: \_\_\_\_\_

Cell/Mobile Phone 1: \_\_\_\_\_ Text Message: Yes No

Cell/Mobile Phone 2: \_\_\_\_\_ Text Message: Yes No

Emergency # \_\_\_\_\_ Person at this # \_\_\_\_\_

\_\_\_\_\_ I do not give permission to be called using automated dialing equipment and understand that I will only be called in the event of a school emergency.

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

Please remember to contact school if any of these numbers change.