

Welcome to  
Gardendale Christian Academy  
Summer/Holiday/After School  
2017-2018

Items needed to complete registration;

1. Registration fee of \$85
2. The following forms completed:
  - a. Student Information
  - b. Parent/Guardian Information
  - c. Financial Contract read and signed
  - d. Permission Form read and signed
  - e. Yellow info sheet
  - f. Small picture of student (new student only)

1800 Decatur Highway, Gardendale, Alabama 35071  
Office 205-631-9465 x 0      Fax 205-631-5476

**Student Information**

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

Grade Student is in as of May 2017: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Doctor's name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Any allergies or Health Conditions GCA needs to be informed of?  No  Yes

List \_\_\_\_\_

**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

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

Custody Arrangements:  No  Yes, please provide a copy of necessary court papers

General Information

Names of other children in the home	Grade	Age

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

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

Student Race: White Black Hispanic Multi Other/Specify\_\_\_\_\_

**This contract covers June 2017-May 2018**

Student will be in summer care **and** after school care: no yes

Summer Care only: no yes

T-shirt size: Youth small Youth medium Youth Large Youth x-large  
Adult small Adult medium Adult Large Adult x-large

After school care only no yes

GCA only picks up from Gardendale Elementary and Snow Rogers

Student will be riding van:

to Gardendale Elementary

from Gardendale Elementary

from Snow Rogers Elementary

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 \$85 is **NON-REFUNDABLE**.
2. Payments will be made as agreed upon in the payment schedule.  
I choose to make payments on the following schedule:

**Summer/Holiday Kindergarten (K4)**

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

***All fees are due for K4 for weeks in which holidays occur.  
There are no daily rates for 4 year old kindergarten.***

**Summer/Holiday Kindergarten K5-Grade School (grades 1 and up)**

\_\_\_\_\_ weekly (due each Monday)  
1<sup>st</sup> child = \$135/2<sup>nd</sup> child = \$125  
\_\_\_\_\_ daily  
1<sup>st</sup> child = \$31/2<sup>nd</sup> child = \$28 (two-day minimum)

**After School Care**

\_\_\_\_\_ weekly  
1<sup>st</sup> child = \$60/2<sup>nd</sup> child = \$57  
\_\_\_\_\_ daily  
1<sup>st</sup> child = \$19 (there is not a discount for additional children)

***If student is not being picked up from school please notify GCA by 2:00pm that day. There will be an additional \$5 fee per child for waiting on a child if parent did not notify GCA not to pick child up. If student is left at school the parent is responsible for picking child up. GCA is not responsible if parent calls after 2:00pm and driver cannot be notified not to pick child up.***

***Our drivers waste time and gas if there are no children being picked up at Snow Rogers and GCA has not been notified. If this happens more than once the parent may be asked to make other arrangements for their child(ren).***

3. 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.
4. If weekly daycare becomes 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.

5. A 1.5% monthly finance charge will be added to unpaid balances once a student is dis-enrolled.
6. 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.
7. 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.
8. We, as parents/guardians of our student, do sincerely give our pledge to all items stated above.
9. We, as parents/guardians, have read the Summer Care/Holiday/After School Care 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 _____
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## 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 \_\_\_\_\_



# 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

\_\_\_\_\_ 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.