



**The Love and Learning place**

The place where Kids Love to be  
We Love having them here and Everyone is Learning

# **Parent Handbook**

## **Mission Statement**

To provide children with expanded academic and enrichment learning opportunities in a safe environment.

## **Goals**

Grace Academy's goals are to provide quality care, provide tutoring, recreational, social, and cultural enrichment experiences, and prevention opportunities. The components of the program are designed to provide students with the opportunity to:

1. Stay in a safe, nurturing and drug free environment with positive adult role models.
2. Socialize with peers in a healthy manner and demonstrate positive behaviors.
3. Receive assistance with homework and individual tutoring.
4. Engage in learning activities.
5. Learn how to engage in a healthy lifestyle through prevention activities.
6. Become involved with high quality educational, developmental, and recreational opportunities.

Our program will be consistently changing to meet the needs of each participant.

## **Our Mission**

At Grace Academy it is our mission to provide a quality, educational, loving, and godly atmosphere for your child during your time away.

## **Parent Involvement**

You are always welcome to come to visit our center. Your presence, participation, and input are greatly appreciated. We encourage you to engage in your child's activities here at Grace Academy. We believe your involvement is crucial for both you and your child because it strengthens the continuity between a child's experience at home and at the center.

Parents must keep children's records up to date. Always inform the office of any changes in address, phone number, custody, health, or emergency contacts. In the event of custody changes, please provide our office with a copy of the papers.

## **Inclusion**

It is our belief that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging in the childcare program. We will make every reasonable accommodation to encourage full and active participation of all children in our program based on their individual capabilities and needs. It is also our belief that equal educational opportunities are available for all children, without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability, or parent/provider political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Educational programs are designed to meet the varying needs of all students.

## **Confidentiality**

Unless we receive your written consent, information regarding your child will not be released, except for that required by our regulatory and partnering agencies. All records concerning children at our program are confidential.

## **Family Engagement**

You, as the parent/guardian or family members, are the child's first teacher. Children are successful when their families are a part of their growth and development in an early childhood program. It is encouraged that parents and other family members are involved in the program, visiting the children's classrooms, participating in special events, birthdays or programs and providing feedback on the program. We offer a variety of ways in which families can participate in helping us establish and reach our program goals.

Family Engagement Communication & Family Partnership Communications. Notes from center staff will keep you informed about your child's activities and experiences at the center. Notes will be sent to ProCare Connect during the week. We reserve the right to deactivate a parent's ProCare Connect account at any time during child's enrollment without any notification.

Staff also take time to communicate with you during drop-off and pick. Notes will be posted in the classrooms or classroom door, bulletin boards provide center news, upcoming events, faculty changes, holiday closing dates, announcements, etc. Newsletters. We provide a newsletter monthly. These newsletters are placed in the children's folders. Family Visits. Family participation is encouraged. Visit our classrooms and volunteer with activities. On special occasions parents are encouraged to eat with their child. Parents are required to stop by the office and let management know they are in the building. Connections We provide families with information about community resources as needed. Family Input Our program receives ongoing input from families through a family survey which families are asked to complete twice per year. This input is used to incorporate a family voice in ongoing quality improvement efforts.

## **Non-discrimination Statement**

We do not discriminate based on race, age, color, religion, physical handicap, sex or national origin.

Please inform the office of any allergies, physical or mental disorders, mental or developmental disabilities. Please tell the director of any special services which the center needs to provide.

## **Government Mandate**

Parents, we are required by law to report suspected child abuse or neglect to D-FAC!  
Report any suspected case of communicable disease to the local health department.

## **Center Operation**

The following policies and procedures are for the purpose of operating a safe, healthy, and happy childcare center. We want you and your child to be comfortable and have a sense of well-being.

Hours:

Monday – Friday from 6:00AM until 6:00PM

Children MUST ARRIVE by 11AM to be admitted for the day. If your child will be arriving after 10AM, you must send a message in ProCare informing us PRIOR to 10AM the day of the late arrival. NO CHILD WILL BE PERMITTED AFTER 11AM.

Closed Holidays:

New Year's Eve

New Year's Day

Memorial Day

Thanksgiving Day

Christmas Day

July 4th

Labor Day

Christmas Eve

Closure dates are subject to change without further notice.

## **Religious Activities**

Throughout the year we will celebrate various religious activities and holidays to include but not limited to the following:

Christmas

Easter

## Student Registration

Grace Academy is open for children ages 6 weeks to 4 years old; 5 years to 12 years for our before and after school program and Summer Enrichment Program. Registration is ongoing throughout the year. The student registration form, medical form, parental authorization for release, emergency information form, and parent handbook signature page are to be completed and submitted for approval. No student may stay in the program until all forms have been received and approved.

## Tuition and Payment Procedure

When your child is enrolled in the academy, he or she is expected to attend regularly. Parents and guardians are responsible for full payment of tuition. The fees are for the place reserved for your child. Even if your child is not here, we must still charge the fee.

Program fees are: EFFECTIVE MARCH 1, 2026

**Infant room rates (infant & wobbler rm)** \$185.00 weekly

**Toddler – preschool room** rates \$165.00 weekly

**Part-time preschool rate** \$130 weekly; attendance is 8AM-2PM.

**Before and after school program** \$90 weekly; an additional \$18 per day for full attendance when school is closed for less than a week during the school year. Full-time tuition of \$130 if school is closed for the full week.

**Summer enrichment program for** ages 5 years old and older \$165.00 weekly (includes field trips)

**ALL accounts will be placed on auto draft.** You can choose to have tuition drafted weekly or monthly. **Accounts drafted on a credit/debit card will have a \$5.00 transaction fee added.**

**Checking drafts are done at no additional charge.** There is a 50.00 fee for all returned drafts. Payments returned will be considered late. An additional \$25 late fee will be added to the account. If a student is terminated for nonpayment, late fee will be added to not exceed 30 days. All past-due accounts will be sent to our collection company to recover the balance on the account.

Weekly payments will be drafted **EVERY FRIDAY**

Monthly payments will be drafted on the **1<sup>st</sup> of each month.** Monthly tuition drafts cover four weeks of instruction. In months that include a fifth week, your monthly draft will increase to cover the additional week.

Children whose tuition is returned by the bank will be required to submit payment within 24 hours to resume care.

**ALL students must pay a \$120.00 registration fee.**

**ALL students must pay a \$150.00 YEARLY curriculum fee. This fee is due upon registration and by August 15 each following year. Fees are NON-REFUNDABLE!**

**RETURN CHECK:** A fee of \$50.00 will be charged for any check returned for insufficient funds. This fee must be paid in two weeks. The day care will NOT accept checks from you after a second returned check.

Each child's slot in the Program is reserved for him or her only. Payment is due **regardless** of attendance.

**Payment is due in advance of services.** The amount due does not change when the academy is closed due to holidays.

In the event of unforeseen **EXTENDED** closure (weather, pandemic, etc.) tuition **WILL BE DUE**. However, tuition amounts may be adjusted at the discretion of the director.

### **Late Pickup Policy**

The day care closes at 6:00 p.m. We ask parents to arrive by 5:55PM to allow the children enough time to tidy up and gather their belongings. If 6:00PM arrival is unlikely, Please take a moment to call us so a staff member can speak to the child about the delay.

A late fee of \$5.00 per minute will be charged for a pickup after 6:00PM. If a child is picked up after 6:00PM, the late fee will be assessed from 6:00PM. An entry in the late pickup log will detail the time of pickup and the amount due. Late fees will be added to the child's tuition bill and due FRIDAY the week of late pickup. After the third occurrence of a late pickup. Continual late pickup may result in a child's suspension or termination of care.

PRE-K students not enrolled in before and after school will be charged before and after school tuition if the student NOT picked up by 2:30PM.

### **No Toy Policy**

Due to loss, breakage and children not wanting to share their toys or electronic devices, please leave them at home. NO toys or electronic devices should be brought to the center.

**NO GUM, CANDY OR WEAPONS ARE ALLOWED TO BE BOUGHT IN THE CENTER.**

### **Birthday Policy**

Children are allowed to celebrate their birthday at the center. PLEASE decide with your child's teacher first!

Grace Academy will always make each birthday person feel special.

### **Dress Policy**

Dress your child comfortably. Remember your child will be running, climbing and in general, busy. Please tag clothing with indelible ink or name tags to avoid loss. ALWAYS have a change of clothing for your child at the center. You may put this in a show box with their name on the outside for storage. We can only be responsible for what is marked adequately.

## Materials Needed

UPON ENROLLMENT, EACH CHILD ID TO BRING A BOX OF TISSUE AS WELL AS:

### Infants

Diapers  
Wipes  
Bottles  
(with child's Name)  
Baby food  
Change of clothes

### Toddlers

diapers  
wipes  
2 blankets  
change of clothes  
spill proof cup

### 2 & 3's

wipes  
2 blankets  
change of clothes  
pull-up w/Velcro sides  
spill proof cup

### 4 & 5's

change of clothes.  
2 small blankets  
wipes  
spill proof cup

ALL ITEMS MUST BE LABELED WITH THE CHILD'S NAME AND CHANGE OF CLOTHES SHOULD BE PLACE IN ZIPLOCK BAGS.

We are NOT responsible for lost or misplaced items.

If items requested are not submitted, care and be denied.

A \$5 laundry fee will be added to your account if 2 blankets are NOT bought in with the child on Monday. Blankets must be taken home on Friday for cleaning.

Parents must sign an infant feeding plan for all children under 12 months old and keep the plan updated when the child goes to the doctor.

Diapers are checked every 1 – 2 hours to determine if they need to be changed or not. We will inform you when to bring more diapers or pull-ups.

Parents, we can assist with potty training.

Any soiled/dirty items left at the center for more than 24 hours can be discarded.

## Food Service

The center will provide breakfast, lunch and 1 snack. Please notify the center in writing with a list of any allergies your child has. We DO NOT allow outside food to be bought in. Do NOT send food for breakfast, lunch, or snack. If your child has food allergies or requires a special diet, the parent will be responsible for providing an alternative for their child that has been approved by admin. Monthly menu is posted in the hall. If you desire to have a special event, such as a birthday, with outside food being bought in, please discuss it with your child's teacher.

### Breakfast ends at 8:30AM.

As foods are introduced to your child and his/her eating/feeding habits change, we need to know. Parents/guardians will be responsible for providing all pre-mixed labeled bottles for their child

and cereal/food if applicable as it is introduced. Once children begin to experiment with finger foods, they will be given the opportunity to eat the meals/snacks served by the program.

### **Schedule Changes Due to Weather**

If the weather is bad, an announcement concerning the center closing will be made over our PRO-CARE APP, the radio, television stations, Facebook, or mass text message. Be sure to download our ProCare App. Emails are sent to register for access upon enrollment.

We **WILL NOT** call parents at home or work. If the weather forecast sounds threatening, please listen to the radio, watch television, or have someone available to contact you about delays and/or closings.

If Long County Schools close because of hurricane watch or warning, Grace Academy **WILL BE CLOSED**.

If there is a long-term power outage, we will contact the parents to pick up their child as soon as possible. **PLEASE MAKE SURE YOUR CHILD'S INFORMATION IS ALWAYS CURRENT.**

Emergency plans are posted at the front entrance for parent viewing.

### **Daily Schedule for after school students**

The afterschool program is “flexibly structured”. We have a unique schedule, but participants and adults can be assured that a familiar routine will be established. While lengths of each of the following components may vary, they will be instituted on a regular basis.

A. Snack: All participants in the after-school program will receive a nutritious daily snack.

B. Homework Assistance: Staff members and trained volunteer tutors will help participants with assignments. Participants are responsible for bringing homework to the homework assistance session.

C. Tutoring: staff will work with program participants to strengthen academic skills.

D. Recreational, Social and Cultural Enrichment: Students can participate in organized activities. These recreation activities will provide participants an opportunity to broaden their interests, learn new skills, and enjoy socializing with others in a small group setting.

## **Withdrawal**

Parents are responsible for notifying administration, **a two-week notice in writing** must be given prior to the date they intend to withdraw their child from the academy.

Tuition is REQUIRED to be paid regardless of attendance during your child's last two weeks. If there is a balance due on your account and NOT paid in full within 10 days of withdraw, your account will be submitted to our outside collection agency and other fees will be added to your account to include, but not limited to:

- **Late fees (current fee)**
- **Returned payment fees (current fee)**
- **Collection fees (40% of current balance)**
- **Legal and administrative fees (if applicable)**

Students may be terminated from the academy for the following reasons:

Excessive late pick-ups (3 late pickups within 3 weeks)

- Discipline problems
- Non-payment or past due tuition
- Director's discretion

## **Absences**

Grace Academy staff understand conflicts in scheduling may occur as students may be very busy. Please be sure to inform the director, in advance, if your child will be absent from the day care on any given day.

## **Field Trips**

Grace Academy will offer field trips and/or special activities to participants. Information regarding field trips will be available at least one week prior to the trip. Your signature on the field trip permission section of the enrollment packet gives Grace Academy staff permission to take your child on field trips. If you do not wish for your child to attend a field trip, you **MUST** contact the program in advance.

## **Health Information and requirements**

Grace Academy staff are responsible for emergency care of sudden illness or injury. First aid will be given, but subsequent care is the responsibility of the parents and their physician.

All children must have a Georgia Immunization Certificate signed by your physician on file at the academy. If your child has any health, physical or family problems, they must be put in writing and attached to the contract. Please report your child's illness to the academy. A sign will be posted notifying parents of any contagious diseases at the academy. **NO STAFF MEMBER** will be allowed to give medication until a parent has signed a medicine authorization slip for the days it needs to be given. All medicine must be in the original container with a label intact and legible. The label **MUST** have the child's full name, prescription number, time to be given, dates to be given, amount to be given, dispensing instructions and doctor's name before it

can be administered. No substitute medicine is allowed. We do not keep extra medication at the academy. Please be sure to provide (when needed) medication for your child. Take medicine to the office and inform office personnel if medicine needs to be refrigerated. Parents will be informed of any adverse reaction to the medication and reaction will be noted on DHR form.

### **Emergency Policy**

If your child has a major injury or accident, we will notify you immediately by phone. If the injury is an emergency, 911 will be called and the child will be transported to Liberty Regional or Wayne Memorial Hospital. For minor injuries, we will advise you at the end of the day. Emergency plans have been developed and posted for parental viewing.

We WILL NOT release your child to anyone who is not on your authorized list. Should an emergency arise, and a person not listed on the registration form needs to pick up the child, the parent MUST call the center and provide the name of the person giving a onetime authorization to pick up the child. Identification of the person picking up the child WILL BE REQUIRED.

### **Illness Policy**

If your child is sent home or has had one of the following symptoms the night before, they cannot return to the day care for at least 24 hours after the last symptom disappeared WITHOUT any medication.

### **WE WILL LET YOU KNOW WHEN YOUR CHILD CAN RETURN TO THE ACADEMY.**

1. Thick discolored mucous from nose
2. Red or swollen throat or glands (look for white patches)
3. Fever of 100.1 or more
4. Red and or runny eyes
5. Unexplained rashes (you must have a doctor's note to return to day care)
6. Vomiting
7. Diarrhea (2 or more in an 8-hour period: loose, discolored or very strong odor)
8. Exposure to contagious illnesses and displays symptoms.

Thank you for your cooperation and consideration for others, as we will and are trying to keep our academy safe.

If your child has been exposed to any communicable disease, we will post a notice in Procure.

Any child that becomes sick during the day, if possible, will be removed from their classroom and placed in isolation under the care of another staff member. It is imperative that the parent arranges for the child to be picked up by an authorized adult within one (1) hour of notification.

## **Vision, Hearing, Nutrition and Dental Screenings Policy**

We encourage vision, hearing, nutrition, and dental screenings for all four-year-old children within 90 days of enrollment or within 90 days of reaching their fourth birthday. **PRE-K STUDENTS ARE REQUIRED TO COMPLETE THE SCREENINGS.**

## **Developmental Screening**

Developmental screening tools are used annually, with family permission, to provide early detection of health-related issues and developmental delays to support early intervention. The tool is shared with families to complete the questionnaires. Results are shared with families at conferences, and referrals are provided, as needed.

## **Emergency/Health Information**

Parents, please provide emergency and health information. **Please be sure to notify the staff if there are any changes in parent contact or emergency information.** We want to provide the safest and healthy environment for your child.

## **Transportation**

Transportation will be provided to and from area schools and for field trips by Grace Academy's bus or van. Parents must sign a field trip permission slip. In the event no one is at the drop-off site to receive the child, the child will be transported back to the academy. Prior to returning to the academy, we will try to contact the parent regarding the whereabouts of the person assigned to receive the child.

## **Check-in Procedures**

Parents are required to bring their child into the building, sign the child in using the PROCARE CONNECT APP, and walk the child to their assigned location. Please be sure a staff member is aware of you and your child's presence.

## **Pick-up Procedures**

**Parents must walk into the academy building and check out with their child's teacher and sign the child out. Please speak directly to your child's teacher when checking out a child from the academy.** Children will not be released to anyone other than a parent, guardian, or person listed on the child's permission form. If a staff member is unfamiliar with any person picking up a child, the staff member will ask to see a picture identification before the child is released.

## **Discipline Policy/Conduct Code**

To maintain a safe and fun environment, our staff will work closely with you and your child to ensure proper behavior. If, however, discipline problems persist, a discipline report will be written.

1. Follow the directions of all staff members and adult volunteers for the first time.
2. Show respect for others by demonstrating courtesy and avoiding name-calling, teasing and offensive language or gestures.
3. Share academy supplies, toys, and games
4. Keep hands, feet, and all objects to yourself.
5. Walk quietly to and from activities.
6. Show respect for property belonging to others and the academy.

### **The following behaviors will not be permitted:**

1. Hitting or any kind of assault or fighting.
2. Vandalism
3. Spitting
4. Theft
5. Failure to do what is requested
6. Profanity/abusive language
7. Possession of a weapon
8. Name calling
9. Smoking or Possession of ATOD (Alcohol/tobacco/other drugs)
10. Throwing objects not meant to be thrown
11. Making excessive noise
12. Willful damage of school, staff, or student property
13. Harassment of other students, afterschool staff, teachers, or other program workers.
14. Any other conduct deemed hazardous to other's safety.

In case of minor infractions, our staff and the child will work out the problem using the following win/win guidelines:

- 1) Stop, cool off (time out)
- 2) Talk and listen to each other
- 3) Identify the problem
- 4) Brainstorm solutions
- 5) Choose the best solution
- 6) Plan and follow through

In case of more serious infractions, safety and behavior concerns, liability issues, student's care can be suspended and/or terminated immediately.

BITING policy:

- 1) First bite of the week: incident report sent to parents.
- 2) Second bite of the week: incident report sent to parents.
- 3) Third bite of the week: Parent will be notified, incident report will be written, and student must be picked up within the hour.

Students with biting incidents that occur consecutively for three or more weeks can be sent home for up to 30 days.

### **Diapering and Toileting**

When children begin to show interest and are developmentally ready, with the assistance of the parents/guardians, we will be happy to assist in the toileting of your child. It will be the parents/guardians' responsibility to provide a daily supply of pull-ups, underwear, and changes of clothes for this endeavor. If you have concerns, we encourage you to discuss them with your child's teacher.

For younger children, diapering times will be on demand. For older infants and toddlers, diaper changes and toileting are scheduled every hour. If your child is 3 years old and still in diapers, pull-ups WILL be used. We will help to potty train but you must provide PULL AWAY pull-ups so all clothes and shoes will not have to be removed to change child. It is the parents' responsibility to provide adequate pull-ups and wipes. In the event an accident occurs, for children over 3 years of age or in the case of a school age child with special needs, a mat on the bathroom floor will be used for changing.

Adequate diapering facilities are available in each room housing infant/toddler children. Prior to diapering children, staff will wash hands with warm running water and liquid soap. Children's hands will be washed with warm running water and soap after diapering. After the children are diapered, staff will adequately clean and disinfect the changing table area and then re-wash hands again. Diapering facilities will always be maintained safe and sanitary.

### **Notice of Information Posted**

Please see our posted notices located at the front entrance.

- License
- Copy of rules
- Review of evaluation
- Communicable disease chart
- Statement of parental access
- Names of person in charge
- Currently weekly menu
- Emergency plans
- Statement of visitors

## **Safe Sleep Practices/Policies:**

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 3) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
- 4) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 5) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will move to a safety-approved crib for sleep.
- 6) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 7) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

## **Shaking Baby Syndrome**

### **Why is Shaking a Baby Dangerous?**

Violent shaking for just a few seconds has the potential to cause severe injuries. While shaking may cause injury to children of any age, children are most susceptible to being injured during their first year of life.

Factors that contribute to a baby's vulnerability include:

- Babies heads are heavy and large in proportion to their body size.
  - Babies have weak neck muscles.
  - Babies have fragile, undeveloped brains.
- There is a large size and strength difference between the victim and the perpetrator.

### **Possible Signs and Symptoms of SBS/AHT**

- Lethargy / decreased muscle tone
  - Extreme irritability
- Decreased appetite, poor feeding or vomiting for no apparent reason
  - Grab-type bruises on arms or chest
    - No smiling or vocalization
  - Poor sucking or swallowing
    - Rigidity or posturing
    - Difficulty breathing
  - Decreased level of consciousness
    - Seizures
- Head or forehead appears larger than usual
- Soft spot-on head appears to be bulging
  - Inability to lift head
- Inability of eyes to focus or track movement
  - Unequal size of pupils

### **Consequences of SBS/AHT**

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
  - Hearing impairment
  - Speech disabilities
    - Cerebral Palsy
      - Seizures
  - Behavior disorders
  - Cognitive impairment
    - Death

Information on this page is not intended to replace advice by a health care professional. If you suspect a child has been shaken, seek immediate medical

Resource: <https://dontshake.org/learn-more>

Our staff are mandated reporters and are required to complete training regarding SBS/AHT.

PLEASE KEEP PARENT HANDBOOK PAGES FOR YOUR RECORDS.

RETURN COMPLETED ENROLLMENT PAGES 16-24.

**Grace Academy**  
***Child Pick up Policy/Pledge***

We are committed to providing your child with a safe and educational experience at Grace Academy. Your commitment as a parent is to pick up your child immediately at the end of each day.

We ask you to make a pledge to your child and to us to abide by our pickup rule. If you are not on time to pick up your child, more than 10 minutes late, our staff will call you, and if you are not available, we will continue to call the names on your emergency contact list until we reach someone and will ask that person to come immediately to pick up your child.

Please sign below indicating that you have read, understand, and agree to our late pick-up policy as stated in this handbook.

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**Parent Signature**

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**Date**

# CHILDREN'S ENROLLMENT FORM

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

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

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

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

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

\_\_\_\_\_

### **EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

**Parent/Guardian:** \_\_\_\_\_

Signature

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

**Mother's email address:** \_\_\_\_\_

**Father's email address:** \_\_\_\_\_

## Tuition Agreement

It is my desire to enroll \_\_\_\_\_ in Grace Academy.

I hereby agree to pay weekly \_\_\_\_\_  
Monthly \_\_\_\_\_

Monthly tuition drafts cover four weeks of instruction. In months that include a fifth week, your monthly draft will increase to cover the additional week.

Tuition paid in advance is Nonrefundable!

And a yearly \$150.00 curriculum fee that is due upon registration and by August 15 each following year.

I understand that a registration fee of \$120.00 is to be paid at the time of enrollment. This fee is non-refundable.

I understand that if my child remains at the program past 6:00PM, I will be charged and agree to pay \$5.00 per minute for any time my child remains after 6:05PM.

I understand the return check policy and agree to adhere by it.

I understand that I MUST submit two weeks withdraw notice in writing. I will be charged tuition for my last two weeks of enrollment. Tuition paid is NON-refundable regardless of withdrawal reason.

I have read and understand the above terms and conditions.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

## Parental Agreements with Child Care Facility

The Grace Academy agrees to provide day care for \_\_\_\_\_  
(Name of Child)

My child will participate in the following meal plan: breakfast, lunch, and afternoon Snack.

Before any medication is dispensed to my child, I will provide a written authorization, which includes date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. The medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Grace Academy.

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

## Parent/Guardian Handbook Acknowledgment

I, the undersigned, acknowledge that I have received and read the Parent Handbook provided by Grace Academy. I understand and agree to adhere to the policies and procedures outlined in the handbook.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

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

## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Grace Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

## School Transportation Agreement

This is to certify that I give \_\_\_\_\_  
Name of facility

Permission to transport my child \_\_\_\_\_  
Name of child

Delivered to \_\_\_\_\_ from Grace Academy in the morning.  
School Name

From \_\_\_\_\_ at school closure in the afternoon.  
School Name

On the following days

\_\_\_\_\_ Monday  
\_\_\_\_\_ Tuesday  
\_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday

\_\_\_\_\_ is authorized to receive my child. In the event the authorized  
Name of authorized person

In the event my child is not to be transported as outlined above, I agree to notify the Grace Academy.

Signature of (parent/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

## Consent to Use of Image

I hereby give Grace Academy ("GA") permission to use images of my child, \_\_\_\_\_ (including any motion picture or still photographs made by GA of my child's likeness, poses, acts and appearances or the sound records made by GA of my child's voice) ("Images") for any purposes in connection with promoting GA and its activities (the "Purposes"), which may include advertising, promotion and marketing. GA may crop, alter or modify Images of my child and combine such Images with other images, text, audio recordings and graphics without notifying me.

I understand that my child's personal information, including Images of my child, is being collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165, for the Purposes. I consent to my child's name and any other information provided by me to GA being displayed in connection with the appearance of my child's Image.

Any questions about the videotaping, photographing and audio taping should be directed to:

director or assistant director.

My child is a minor. As (child's name) \_\_\_\_\_ legal guardian, I sign this form on their behalf. I have read and understood this form prior to signing it, and am aware that by signing this consent I am giving permission to use my child's Image for the purpose of marketing (brochures, commercials, social media, etc.)

Child's Name (please print) \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Email address (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

### Parent Billing Information

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

If in military, company information: \_\_\_\_\_

**Copy of:**

- driver's licenses
- Social Security Card of each parent MUST be submitted.

Any account with a balance due upon withdraw of child(ren) will be drafted from the authorized account IMMEDIATELY. All accounts 30 days past due will be placed for immediate action from either post command, courthouse and/or credit bureau.

As a parent receiving childcare from Grace Academy, I promise to pay all fees in a timely manner. If not, I understand that other actions may take place causing additional charges to be added to my account.

\_\_\_\_\_  
Parent's Printed name

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date