

Complete and return the following prior to enrollment:

- ✓ Recent Photo
- ✓ Copy of Birth Certificate
- ✓ Copy of Social Security Card
- ✓ Health Form
- ✓ Copy of Immunization Records
- ✓ Transcripts/Records from previous school

**Grace Christian Academy**  
 PO Box 1099 ◊ 498 Arlington Avenue  
 Bryson City, North Carolina 28713  
 828-488-1042

**APPLICATION FOR ADMISSION**

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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle) MM/DD/YYYY

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_ SS# \_\_\_\_\_

Grade Desired \_\_\_\_\_ Church Attending \_\_\_\_\_ Member ? Yes No

How Long \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Pastor's Phone \_\_\_\_\_

Church Attendance: Sunday School \_\_\_\_\_ Sunday Morning \_\_\_\_\_ Sunday Evening \_\_\_\_\_ Wednesday Evening \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

**Emergency contacts:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Other than parents, list adults to whom child may be released:

\_\_\_\_\_  
 \_\_\_\_\_

I agree that Grace Christian Academy may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Grace Christian Academy agrees to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the school will be supervised by the teachers and other responsible adults. We will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

### INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies: YES \_\_\_\_\_ NO \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group settings (such as play, eating and sleeping habits, special fears, likes or dislikes) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In as much as students develop at widely varying rates and times, the school accepts the obligation of working with a child and his family to determine the proper placement of the child within the school. **ACCEPTANCE BY THE PARENTS/GUARDIAN OF THE SCHOOL'S EVALUATION OF THE PROPER PLACEMENT FOR THE CHILD IS A REQUIREMENT FOR ADMISSION.**

I/We agree to pay all tuition, fees and charges for the school year. I/We understand that the school tuition has been divided into ten equal payments. Each payment covers one tenth of the total tuition cost. Tuition payments are due by 15<sup>th</sup> of each month beginning in August and ending in May. (Details of costs can be found on the Program Description and Fees form).

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

Grace Christian Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to the students at the school. Nor does it discriminate on the basis of race, color, national, or ethnic origin, in the administration of its educational policies, scholarship programs, or other school administered programs.