



## Grace Baptist Christian School

P. O. Box 578

Powder Springs, GA, 30127

(678) 384-6947

### ADMISSION POLICY AND PROCEDURES NURSERY – K4

A student may be admitted to Grace Baptist Christian School only after established requirements and conditions have been fulfilled. A student or family who does not cooperate or agree with the purpose and program of the school will not be admitted or allowed to remain in the school. **GBCS requires that all students be the appropriate age (on or before September 1<sup>st</sup>) for the class they are applying for.** Grace Baptist Christian Nursery and Preschool cannot accept any student who cannot benefit from our academic program or who interferes with another student's benefiting from our program.

1. A completed application, all required paperwork, as well as the \$100.00 **non-refundable** application fee, **MUST** be received before an interview will be conducted. Application forms are also available in the school office and will be provided upon request.
2. **Interview (K2-K4 Only):** A personal, confidential interview will be scheduled. Both the parent(s) (and/or legal guardian) as well as the prospective student(s) must be in attendance for this interview. Again, this interview will **NOT** be conducted until the required application process above is fulfilled
3. Parent(s) and/or legal guardians will be notified as soon as possible regarding the student's acceptance. No acceptance will be finalized until all applicable documentation has been received, all necessary fees paid in full, and an appointment is scheduled with our Financial Director.
4. After your final acceptance to GBCS, please be aware that you are responsible for the Early Withdrawal Fee if you choose for your child/children to not attend GBCS.

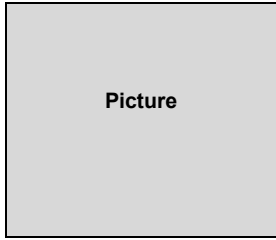
### STUDENT DRESS CODE

Uniform clothing is required for all students in K2-K4. All uniform shirts worn by our students must be purchased through our school clothing suppliers Uniform Depot and/or Buckhead Uniforms and **MUST** have the correct GBCS logo. We will also offer parents the convenience of purchasing/ordering required uniforms from our Spirit Store, located in the school, as well as, a portable store in the Preschool building. Pants, skirts, shorts, and skorts may be purchased at your retailer of choice provided they are in the approved length and colors of navy and khaki.

Our complete uniform requirements are published by Uniform Depot and Buckhead Uniforms. These brochures are available in the school office.

Uniform Depot  
2141 North Cobb Pkwy.  
Kennesaw, GA 30152  
770/919-9967  
[www.schooluniformdepot.com](http://www.schooluniformdepot.com)

Buckhead Uniforms  
6311 Roswell Rd.  
Atlanta, GA 30328  
404/303-8600  
[www.buckheaduniforms.com](http://www.buckheaduniforms.com)



Office Use:  
 School Code: \_\_\_\_\_  
 Date of Enrollment: \_\_\_\_\_  
 Date of Termination Status: \_\_\_\_\_

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## APPLICATION FOR NURSERY – K4 STUDENT ENROLLMENT

### STUDENT INFORMATION

Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 First Middle Last

Name To Be Called In Class \_\_\_\_\_ Grade Applying For \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_  
 Street Address City State/ZIP County

Home Phone \_\_\_\_\_ Home Email: \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed

Student Resides With (check all that apply): Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian \_\_\_\_\_

List family members your child resides with (include names, relationship and ages of children (if any))

Child Last: \_\_\_\_\_ Stayed with Parent/Family \_\_\_\_\_ Home Daycare \_\_\_\_\_ Daycare Facility \_\_\_\_\_

Name of Daycare: \_\_\_\_\_ Phone # \_\_\_\_\_

### PRIMARY CONTACT INFORMATION

Parent (Guardian) #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_ Phone # (if different from student) \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Position / Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Parent (Guardian) #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_ Phone # (if different from student) \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Position / Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

**RELIGIOUS INFORMATION**

Church Family Currently Attends \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/ZIP Phone #

***The Mission of Grace Baptist Christian School is to help students and families establish and develop their personal relationship with Jesus Christ.***

How are parent(s)/guardian(s) accomplishing this goal in their own lives? \_\_\_\_\_ Regular Bible Reading \_\_\_\_\_ Church Attendance  
\_\_\_\_\_ Sunday School Attendance \_\_\_\_\_ Praying \_\_\_\_\_ Other \_\_\_\_\_

Ways parent(s)/guardian(s) are using their time, talent and treasures to serve God. \_\_\_\_\_ Visitation \_\_\_\_\_ Tithing \_\_\_\_\_ Mission Trips  
\_\_\_\_\_ Teaching Sunday School \_\_\_\_\_ Singing in the Choir \_\_\_\_\_ Working with Youth \_\_\_\_\_ Other \_\_\_\_\_

Ways parent(s)/guardian(s) are encouraging the development of their child/children's spiritual growth. \_\_\_\_\_ Family Devotions \_\_\_\_\_ AWANA  
\_\_\_\_\_ Reading Bible Stories \_\_\_\_\_ Praying with Children \_\_\_\_\_ Church/Sunday School Attendance \_\_\_\_\_ Other \_\_\_\_\_

**MEDICAL INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

Medication that will be administered regularly at school: \_\_\_\_\_

Is your child able to walk? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Can your child effectively communicate his/her needs: \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Is your child toilet trained: \_\_\_ Yes \_\_\_ No Students going into our K3 and K4 programs are required to be fully toilet trained (even at rest time).

Please provide special instructions concerning any illness, as necessary: \_\_\_\_\_

Allergies (please check and list all that apply):

\_\_\_\_\_ Medications Name: \_\_\_\_\_ Reaction: \_\_\_\_\_

\_\_\_\_\_ Food Name: \_\_\_\_\_ Reaction: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_ Reaction: \_\_\_\_\_

Is an Epi-Pen or Benadryl required on property for emergency treatment? \_\_\_ Yes \_\_\_ No (Parents MUST provide)

Are any of the allergies severe or life-threatening? \_\_\_ Yes \_\_\_ No If yes, please provide special instructions: \_\_\_\_\_

Does the applicant have a current Georgia Certificate of Immunization (#3231)? \_\_\_ Yes \_\_\_ No If no, parent(s) MUST obtain a current Certificate of Immunization before consideration for enrollment may be given.

Per state regulations, a written statement is required from your Pediatrician for waiver of immunization requirements.

Please initial below.

\_\_\_\_\_ *We (I) understand that we (I) will be notified should my child become ill during the school day, and that I will pick up my child promptly, or make arrangements for an authorized contact person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school immediately and I understand that my child will be readmitted according to the GBCS illness policy.*

\_\_\_\_\_ *In case emergency treatment is necessary, your child will be transported to Wellstar Cobb Hospital. This facility has been selected, due to proximity to the school, as our primary medical resource.*





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### STATEMENT OF FAITH

*We believe* there is one God, eternally existent in the Person of Father, Son, and Holy Spirit. He is infinite in wisdom and power and is completely sovereign over all creations.

*We believe* the Bible to be the inspired, inerrant, infallible and only Word of God. The Bible is the final authority of all matters as far as the truth of God is concerned and cannot be interpreted apart from the illumination given by the Holy Spirit.

*We believe* in the virgin birth and deity of the Lord Jesus Christ, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal, pre-millennial return in power and glory.

*We believe* that salvation is possible only through the Person of Jesus Christ. The Holy Spirit draws and convicts sinful man to repentance and total faith in Christ. Upon salvation through Christ man is redeemed. His account is settled and his name is written in the Lamb's Book of Life preserved there by Christ for eternity.

*We believe* in the resurrection of both saved and the lost: they are saved unto the resurrection of the pre-tribulation coming of Christ and they that are lost unto the resurrection of damnation.

*We believe* that the church is the local body of baptized believers who work together under the direction of the Holy Spirit to carry out these primary functions of the church: Exalt the Savior, equip the saints and evangelize the sinner – this to be done both locally and worldwide through appropriate opportunities. The Church is provided gifts from the Holy Spirit through its membership which enables it to carry out the full work of which it is called.

*We believe* in the present ministry of the Holy Spirit. As the third Person of the Trinity, He is God who indwells the heart of the redeemed man and works to bring the saint into fullness of the will of God. The Holy Spirit draws man into salvation and convicts of sin.

*We believe* the Bible gives clear definition of the kind of life-styles that are abominable to God and we embrace and agree with God that Homosexuality, Lesbianism, Fornication, and Adultery are truly reflective of a person that does not agree with God about sin and stand firmly against such un-godly practices. We also believe that God has commanded that no intimate sexual activity should be engaged in outside of a marriage between a man and a woman.

### MISSION STATEMENT

To help prepare each young person to accept God's purpose for their life and provoke them to pursue that plan with a passion. To educate, equip, and engage them in the life-long mission of bringing glory to God.



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### Family Commitment

#### Nursery – K4

1. As parent(s) or guardian(s), we (I) accept the responsibility God has given us (me) to instruct our (my) child(ren) in the ways, words, and wonders of God (Deuteronomy 11:18-22). We (I) promise to provide a home environment that is based on godly principles found in the Bible.
2. We (I) have carefully examined and agree with the Mission and Faith Statements of Grace Baptist Christian School and desire the school to work with us (me) in the total education of our (my) child(ren).
3. In full cooperation with the school, we (I) will regularly attend the Parent-Teacher Fellowship meetings and other functions requiring our (my) participation.
4. We (I) pledge our (my) loyalty to the aims and ideals of the school, agree to abide by all policies of GBCS and will direct any criticisms to the appropriate person.
5. We (I) understand and accept the fact that the Administration has the responsibility and freedom to determine when it is in the student's and/or school's best interest for a student to withdraw. If this is determined in the case of our (my) family, we (I) will cooperate and support the decision to withdraw as quietly as possible, avoiding involvement with those not involved.
6. We (I) understand that new students are admitted under probation for one semester after which the Administration will review the student for: 1) elimination of probation, 2) extension of probation, or 3) dismissal.
7. As parent(s) or guardian(s), we (I) agree to work closely with the school in helping the students to learn and to solve their school related problems.
8. We (I) understand that Grace Baptist Christian School is a non-profit ministry operating on the principle of faith. Tuition is kept as low as possible to make Christian education available to those who desire it for their child(ren). Tuition and fees do not cover all operating costs. Additional funds and needs must be met with fundraising programs and gifts from families, alumni, as well as, foundations and corporations. These gifts should be in addition to our (my) tithe to our (my) local church. Grace Baptist Christian School asks that each parent/guardian purpose to give, as regularly as God provides, to meet the financial needs, to perform services when needed and to uphold the school consistently in prayer.
9. We (I) understand and agree that our (my) child will be required to wear the school uniform chosen by Grace Baptist Christian School (K2-K4 students only).

We (I) have read the Family Commitment and hereby agree to its terms.

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Father (Guardian)      Date

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Mother (Guardian)      Date



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### Activity Agreement Emergency Medical Agreement

Nursery – K4

We (I) grant permission for our (my) child to participate in all school activities including school sponsored trips away from the school premises and as consideration for the benefits derived, we (I) absolve the school and its representatives and agents from liability to us (me) or our (my) child because of injury to our (my) child at school or during any school activity. We (I) further authorize the school to secure necessary emergency medical attention for our (my) child in the event of an injury at school or on a school sponsored trip away from the school. We (I) understand all charges for such treatment are our (my) responsibility to pay. We (I) will take full responsibility for our (my) child's behavior and will stand behind any disciplinary action taken by the school.

Should our (my) child become ill during the time that he/she is in the care of Grace Baptist Christian School or suffer an accident of any type, Grace Baptist Christian School will make every attempt to contact us (me). In the event Grace Baptist Christian School is unable to reach us (me) immediately, it shall be authorized to secure such medical attention and care for our (my) child as may be deemed necessary.

Pediatrician/Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

\_\_\_\_\_  
Father (Guardian)      Date

\_\_\_\_\_  
Mother (Guardian)      Date



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## Financial Information Agreement 2010-2011 Nursery – K4

Please initial applicable section listed below, indicating your agreement to pay the specified amount.

_____	Nursery	First Child Each Add'l Child*	<u>Weekly Tuition</u> \$160.00 \$152.00
_____	K2-K4	First Child Each Add'l Child*	<u>Weekly Tuition (Aug-May)</u> \$160.00 \$152.00

\*Five percent (5%) multiple child discount applies to tuition only.  
A Summer Camp Program is offered for students entering K2-K4. Please contact the Preschool Office for details.

### Enrollment Dates and Fees:

February 1, 2010	Open Enrollment for New Students	\$100.00 Per Student
June 1, 2010	First Half of \$150.00 Material Fee (Nursery)	\$ 75.00 Per Student
	First Half of \$250.00* Matriculation Fee (K2-K4)	\$125.00 Per Student
August 1, 2010	Second Half of Material Fee (Nursery)	\$ 75.00 Per Student
	Second Half of Matriculation Fee (K2-K4)	\$125.00 Per Student

**Material Fee (Non Refundable)** Nursery- 6 weeks thru 23 months): Fee includes student accident insurance, ACSI membership dues and activity supplies.

**Matriculation Fee (Non-Refundable K2-K4):** Fee includes the following: Abeka workbooks, curriculum required supplies, ACSI membership dues, InfoDirect, student accident insurance, yearbook, Spanish, music, a GBCS identified book bag, etc.

Material and Matriculation Fees must be paid to Mrs. Karen Blalock, GBCS Financial Director. . **We (I) understand the Application, Material and Matriculation Fees are non-refundable when paid.**

Please initial below to indicate your compliance.

\_\_\_\_\_ The above weekly tuition fee includes: Childcare 6:30am – 6:30pm, Monday through Friday, morning snack, afternoon snack and a hot daily lunch (as applicable).

\_\_\_\_\_ There is no reduction in tuition for absenteeism or holidays. See calendar for school closings.

\_\_\_\_\_ In case of inclement weather, announcements will be made on local TV and radio stations.

\_\_\_\_\_ Students enrolled are also eligible for one free vacation week per year. Notification of requested free week must be submitted in writing one week in advance.

\_\_\_\_\_ Accounts that are one week past due will result in the school administration placing the account on probation.

\_\_\_\_\_ Accounts that are over two weeks past due may result in Grace Baptist Christian School removing your child from enrollment.

**Additional Fees:**

Late Tuition Payment	\$15.00 (after Wednesday of each week)
Returned Check	\$40.00
Nursery Early Withdrawal Fee	\$300.00 per student (if no two week notice is given)
K2 – K4 Early Withdrawal Fee	\$500.00 per student
Late Pick-up Fee	\$25.00 for any child not picked up by 6:30pm \$ 1.00 for every additional minute after the first 15 minutes. (Due at time of pick up).

**Options of payment are:** Check, credit card, or cash. If you pay using a credit card (American Express, Discover, VISA or MasterCard), you will be charged a fee of 3% of the amount charged.

\_\_\_\_\_  
Father (Guardian)      Date      Mother (Guardian)      Date      or      Person(s) Responsible for Financial Commitment      Date



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## Tuition Payment Preference Form 2010-2011 Nursery – K4

This form must be completed by all parents/guardians with students attending Grace Baptist Christian School for the 2010-2011 school year before enrollment can be complete.

\_\_\_\_\_  
Father (Guardian)    Mother (Guardian)    or    Person(s) Responsible for Financial Commitment

Address: \_\_\_\_\_

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

Name of Student: \_\_\_\_\_

### Tuition for the 2010-2011 school year will be paid by: (choose only one payment option)

\_\_\_\_\_ **Option 1      Payment in Full**

Single payment due on or before July 1, 2010. This option entitles the responsible party to a five percent (5%) discount. **Discount will be voided if payment is not received by June 30, 2010.** Must be paid directly to Grace Baptist Christian School.

\_\_\_\_\_ **Option 2      Monthly Payments**

Monthly payments are allowed if paid in full before the first of each month.

\_\_\_\_\_ **Option 3      Weekly Payments**

Weekly fee must be paid each Monday to retain the student's space. If payment is not received by Wednesday, a \$15.00 late fee will be assessed.

**PLEASE NOTE: There is no reduction in tuition for absenteeism or holidays. The Application, Material and Matriculation Fees are non-refundable when paid.**

***This section will be completed at your appointment with the Financial Director.***

***Please initial the following:***  
\_\_\_\_\_ ***I agree to pay GBCS the amount of \$ \_\_\_\_\_ tuition for the 2010-2011 school year.***  
***(Amount will be filled by Financial Director)***

*It is the expectation of Grace Baptist Christian School for every family to maintain a current financial balance. Accounts that are one week past due will result in the school administration placing the account on probation. Accounts that are over two weeks past due may result in Grace Baptist Christian School removing your child from enrollment. We (I) further agree to pay all costs of collection, including costs of a collection agency if the account is turned over to a collection agency, and including 15% attorney's fees in the event this balance is turned over to an attorney. It is agreed that this agreement will be governed under the law of the State of Georgia. Grace Baptist Christian School has the option of pursuing an action under this agreement in any court of competent jurisdiction in the State of Georgia and we (I) consent to jurisdiction in the State of Georgia. Re-enrollment of student would be determined by available space. Parent(s)/guardian(s) of any student who is withdrawn early from school will be required to pay an Early Withdrawal Fee per student. The only exceptions considered must be submitted in writing by student's parent/guardian and then approved by the administration. **After a student(s) final acceptance for enrollment to Grace Baptist Christian School, you will be responsible for the Early Withdrawal Fee if you choose for your child/children to not attend Grace Baptist Christian School for 2010-2011 school year.***

Therefore, we (I) the undersigned, being the parent(s)/guardian(s) or responsible person(s) responsible for financial commitment of a student/students enrolled at Grace Baptist Christian School do hereby agree to the above-stipulated Financial Agreement.

\_\_\_\_\_  
Father (Guardian)    Date    Mother (Guardian)    Date    or    Person(s) Responsible for Financial Commitment    Date



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**INFANT/TODDLER FEEDING SCHEDULE**

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

**Liquids**

Does child take bottle? Yes [ ] No [ ]  
What does child drink? Breast Milk [ ] Formula [ ] Whole Milk [ ] Juice [ ]  
Is the bottle warmed? Yes [ ] No [ ]  
How should bottle be warmed? Microwave [ ] Bottle Warmer [ ] Other [ ] \_\_\_\_\_

Does the child hold own bottle? Yes [ ] No [ ] *Brand and Type of Formula* \_\_\_\_\_

Amount of formula to be given at each feeding: \_\_\_\_\_  
Updated Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Updated Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Updated Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Foods**

What does child eat? Strained Foods [ ] Baby Foods [ ] Table Foods [ ] With Hands or Spoon? \_\_\_\_\_  
Can child feed self? Yes [ ] No [ ] Other [ ] \_\_\_\_\_  
Food likes: \_\_\_\_\_  
Food dislikes: \_\_\_\_\_  
Allergies (include any premixed formula): \_\_\_\_\_

What happens if they have an allergic reaction? \_\_\_\_\_  
Instructions for the introduction of solid foods: \_\_\_\_\_

Updated instructions regarding adding new foods or other dietary changes, please list as needed:  
\_\_\_\_\_  
\_\_\_\_\_

**Pacifier**

Does child take a pacifier? Yes [ ] No [ ] When? \_\_\_\_\_

**Reminder:** Children shall not be permitted to wear around their necks or attach to their clothing pacifiers or other hazardous items.

**Meal and Nap Schedule**

Breakfast _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Snack _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Lunch _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Snack _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Dinner _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Morning Nap _____ (Approximate Time)	Afternoon Nap _____ (Approximate Time)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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### CHILD PROFILE NURSERY – K4

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

Age: \_\_\_\_\_

You know your child better than anyone. You have observed your child on a day to day basis and are the best person to share your insight about your child's development with us. Please take a moment to complete this profile as the information you give us will help us know your child better and give us the ability to meet his/her individual needs.

What would you like most for your child to experience at GBCS? \_\_\_\_\_

\_\_\_\_\_

What does your child enjoy doing the most? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

\_\_\_\_\_

Is there someone else who helps primarily care for your child, i.e., grandparent, etc.? \_\_\_\_\_

\_\_\_\_\_

What language is primarily spoken in your home? \_\_\_\_\_

Is there a secondary language spoken in your home? \_\_\_\_\_

Does your child have any medical needs? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

What are your child's mealtime routines at home? \_\_\_\_\_

\_\_\_\_\_

How many hours of sleep does your child receive at night? \_\_\_\_\_

What is your child's sleeping arrangements. Please select from the following.

Own Room  Shares Room with \_\_\_\_\_  Sleeps in Crib  Sleeps in Bed

What are your child's bedtime rituals? \_\_\_\_\_

\_\_\_\_\_

Does your child take naps?  Yes  No How long? \_\_\_\_\_

Does your child need a favorite item, such as a blanket, for a nap?  Yes  No If so, does your child have a special name for it? \_\_\_\_\_

What words are spoken in your house for toileting? \_\_\_\_\_

How does your child express anger or react to frustration? \_\_\_\_\_

\_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

\_\_\_\_\_

How does your child react to change, such as being left by parents? \_\_\_\_\_

\_\_\_\_\_

How does your child comfort themselves? \_\_\_\_\_

What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

When did your child begin to use language? \_\_\_\_\_

How would you describe your child's personality characteristics? \_\_\_\_\_

\_\_\_\_\_

What do you enjoy the most about your child? \_\_\_\_\_

\_\_\_\_\_

Is there anything else in your child's experience you would like to share with us? \_\_\_\_\_

\_\_\_\_\_



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### Application Checklist Nursery – K4

- 1) Completed Application for Student Enrollment (all questions answered, signatures and dates where required).
  
- 2) \_\_\_\_\_ \$100.00 (cash or check - **non-refundable** Enrollment Fee)
  
- 3) Signed and dated:  
\_\_\_\_\_ Family Commitment Agreement  
\_\_\_\_\_ Activity/Emergency Medical Agreement  
\_\_\_\_\_ Financial Information Agreement  
\_\_\_\_\_ Tuition Payment Preference
  
- 4) \_\_\_\_\_ Current Immunization Certificate (Form #3231)  
Must include Varicella (Chicken Pox) documentation
  
- 5) \_\_\_\_\_ Copy of Certified Birth Certificate
  
- 6) \_\_\_\_\_ Copy of Social Security Card
  
- 7) \_\_\_\_\_ Copy (front and back) of Student's Insurance Card
  
- 8) \_\_\_\_\_ Copy of Each Parent/Guardian's State Driver's License or State ID Card
  
- 9) \_\_\_\_\_ Infant/Toddler Feeding Schedule (Nursery Only)
  
- 10) \_\_\_\_\_ Child Profile

All Application, Material and Matriculation Fees are non-refundable when paid.