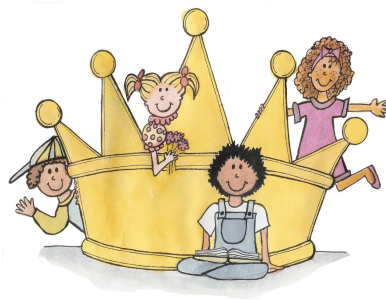


Application Received \_\_\_\_\_  
Cash \_\_\_\_\_ Check# \_\_\_\_\_  
Date \_\_\_\_\_



### Kingdom Kids

Grove Level Baptist Church  
2802 Cleveland Hwy, Dalton, GA 30721  
706-259-4148

[kingdomkids@grovelevel.org](mailto:kingdomkids@grovelevel.org)

**Child must reach age of the class applied for by September 1, 2018.**

**\*Due at registration is one month non-refundable tuition payment.**

**If a payment agreement is needed, please see the Director.**

#### Preschool - August 13, 2018-May 17, 2019

___Age Two	Tuesday/Wednesday/Thursday	\$135.00 tuition
___Age Three	Tuesday/Wednesday/Thursday	\$135.00 tuition
___Age Three	Monday-Thursday or Tuesday-Friday	\$150 tuition
___Age Three	Monday/Tuesday/Wednesday/Thursday/Friday	\$165.00 tuition
___Age Four	Tuesday/Wednesday/Thursday	\$135.00 tuition
___Age Four	Monday-Thursday or Tuesday-Friday	\$150 tuition
___Age Four	Monday/Tuesday/Wednesday/Thursday/Friday	\$165.00 tuition

\*This age can only be serviced 8 hours each week per state guidelines\*

#### Mother's Morning Out-August 14, 2018-May 16, 2019

___Age 15-24	<b>Circle 1 or 2 Days Needed: 8:30-11:30</b>	*early care option 7:15
Months	Tuesday-Wednesday-Thursday	\$75.00 one day/\$120.00 two days per month
___Age 15-24	<b>Circle 1-3 Days Needed: 8:30-11:30</b>	*no early care option
Months	Tuesday-Wednesday-Thursday	\$70.00 one day/\$115.00 two days/\$135.00 three days

\_\_\_\_\_ I will need care for my child 7:15-8:25 each morning at a cost of \$18 for 2 days, \$25 for 3 days, \$30 for 4 days, and \$35 for 5 days.



**Person to contact in case of an emergency when parent cannot be reached:**

Name

hm/bus/cell #'s

relationship to child

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**Notify in writing of any changes that would affect your child-persons allowed to pick up, address changes, etc.**

**Medical Information**

Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

\*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: (\*\*elaborate below)

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In the event of an emergency involving my child and if Kingdom Kids Grove Level cannot reach me, I hereby authorize any needed **emergency** medical care. I authorize the director or acting director to take whatever steps necessary to obtain emergency medical care for my child. I further agree to be fully responsible for any and all medical expenses incurred during the treatment of my child.

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Signature of  
Parent/Gurardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please list below any information that will be helpful to know in caring for your child.**

I grant Grove Level Kingdom Kids permission to use photos of my child on the church website, school Facebook page, school calendar and/or DVD.

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

Kingdom Kids is not licensed by the state of Georgia nor is it required to be. For further information, please contact: Bright from the Start 404-657-5562, or [www.decal.ga.gov](http://www.decal.ga.gov).

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