

Application Received _____
 Cash _____ Check# _____
 Date _____



Kingdom Kids

Grove Level Baptist Church
 2802 Cleveland Hwy, Dalton, GA 30721
 706-259-4148
kingdomkids@grovelevel.org

Child must reach age of the class applied for by September 1, 2020.
***Due at registration is one month non-refundable tuition payment.**
If a payment agreement is needed, please see the Director.

Preschool - August 17, 2020-May 21, 2021

- ___ **Age Two** Tuesday/Wednesday/Thursday \$140.00 tuition
- ___ **Age Two*** Monday/Tuesday/Wednesday/Thursday/Friday \$170.00 tuition
- ___ **Age Three** Tuesday/Wednesday/Thursday \$140.00 tuition
- ___ **Age Three** Monday-Thursday or Tuesday-Friday \$155 tuition
- ___ **Age Three** Monday/Tuesday/Wednesday/Thursday/Friday \$170.00 tuition
- ___ **Age Four/Five** Tuesday/Wednesday/Thursday \$140.00 tuition
- ___ **Age Four/Five** Monday-Thursday or Tuesday-Friday \$155 tuition
- ___ **Age Four/Five** Monday/Tuesday/Wednesday/Thursday/Friday \$170.00 tuition

Mother's Morning Out-August 18, 2020-May 20, 2021

- ___ **Age 15-24 Circle 2-3 Days Needed: 8:30-11:30**
- ___ **Months** Tuesday-Wednesday-Thursday
 \$125 two days/\$140 three days

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

Child's Name _____ Birth Date/Gender _____

Mother _____ Father _____

Address _____ Address(if different) _____

City/State/Zip _____ City/State/Zip _____

Home Telephone _____ Home Telephone _____

Cellular Telephone _____ Cellular Telephone _____

Employer _____ Employer _____

Work Telephone _____ ext _____ Work Telephone _____ ext _____

Church Affiliation _____ Church Affiliation _____

Member? _____ Christian? _____ Member? _____ Christian? _____

Email address _____

Marital Status: (circle one) Married Separated Divorced Single Parent Widow

**If divorced or parental separation, who has custody? _____

Other Parent/Guardian _____ Home/Work/Cell Telephone _____

Others in your household:

Siblings Names/Ages _____

Other Adults/Relationship _____

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

Name address hm/cell telephone relationship to child

*****DO NOT release my child to the following person(s):**

Name Relationship

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

Name

hm/bus/cell #'s

relationship to child

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)

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.

Signature of _____ Date _____
Parent/Gurardian

****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.

Signature _____ Date _____