

GATHERING PLACE CHRISTIAN ACADEMY
APPLICATION FOR ENROLLMENT
2018-2019
Kindergarten Through 8th Grade

For Office Use Only			
Reg. _____	dt pd _____	ck # _____	
Curr. Fee _____	dt pd _____	ck # _____	
Commitment Fee _____	dt pd _____	ck# _____	

\$100.00 Registration fee is due and payable with application for enrollment.
 Class fee is due on or before April 15, 2018.
 Commitment Fee is due on or before May 15, 2018.

Date of Application _____

<u>Check (X) Grade and Before/After Care Preferences</u>								
<input type="checkbox"/> K5	<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 2 nd Grade	<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 4 th Grade	<input type="checkbox"/> 5 th Grade	<input type="checkbox"/> 6 th Grade	<input type="checkbox"/> 7 th Grade	<input type="checkbox"/> 8 th Grade
<input type="checkbox"/> Early Care Needed (6:30-8:00 - \$100.00 per month)				<input type="checkbox"/> Early Care Not Needed				
<input type="checkbox"/> After Care Needed (2:30-6:00 - \$180.00 per month)				<input type="checkbox"/> After Care Not Needed				

Student's Name _____ Male _____ Female _____
 Birthday Mo. _____ Day _____ Year _____ Present Age _____ Child has completed Grade _____
 Father _____ Employer _____ Wk Phone _____
 Mother _____ Employer _____ Wk Phone _____
 Home Address _____ City _____ Zip _____
 E-mail _____ Cell Phone _____ Home Phone _____

(This email address will be used to communicate information and reminders.)

Church Affiliation _____

Please list previous schools your child has attended. If your child attended GPCA previously, please give previous teacher's name(s)

If your child is allergic to anything, please list and explain. _____

Please list names and ages of siblings. _____

Reason for selecting GPCA _____

School recommended by _____

EMERGENCY INFORMATION

Responsible adult(s) to contact if parents cannot be reached:

Name _____	Phone _____	Name _____	Phone _____
Name _____	Phone _____	Name _____	Phone _____
Name _____	Phone _____	Name _____	Phone _____
Physician _____	Phone _____		
Hospital _____	Phone _____		

STATEMENT OF COOPERATION

By applying for enrollment, it is my desire to have my child complete the school year 2018-2019. It is my understanding that the policy for GPCA is to make **no refunds** on registration fees or curriculum/class fees. Tuition is due on the 1st of each month and must be paid regardless of attendance. I give permission for my child to take part in all school activities. I absolve the school from liability to me or my child at school or during any school activity. If my child needs emergency attention and I cannot be reached, I authorize a school authority to take him to an Emergency Center for treatment at my and my insurance company's expense.

Signature: _____