@First Baptist Church Douglasville

770-942-4504

And He took a child and put him in the midst of them, and taking him in His arms, He said to them, “Whoever receives one such child in my name receives me, and whoever receives me, receives not me but Him who sent me.” Mark 9:36-37

**Elementary Registration Form**

**2023-2024**

Please identify the class by clicking the appropriate box if done electronically or check if by hand.

|  |  |  |
| --- | --- | --- |
| Age/Class | Registration Fee | Tuition |
| ☐ Half-day Kindergarten (birthday 9/1/2017-8/31/2018) | $350 | $382/month |
| ☐ Full-day Kindergarten (birthday 9/1/2017-8/31/2018) | $350 | $445/month |
| ☐ First Grade (birthday 9/1/2016-8/31/2017) | $425 | $575/month |
| ☐ Second Grade (birthday 9/1/2015-8/31/2016) | $425 | $575/month |
| ☐ Third Grade (birthday 9/1/2014-8/31/2015) | $425 | $575/month |
| ☐ Fourth Grade (birthday 9/1/2013-8/31/2014) | $425 | $575/month |
| ☐ Fifth Grade (birthday 9/1/2012-8/31/2013) | $425 | $575/month |

The registration fee covers curriculum, beginning of the year supplies, special activities, in-house and regular field trips, etc. **Please note: for the registration fee, we only accept cash, check or money order. We do not accept credit cards for the registration fee.**

All new students applying at GCA, before acceptance, a student and family will interview with the Head of School and the student will take a grade level placement test.

Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Registration Fee Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Name called by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Child lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you in previous years had a child or children in the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, name and ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church member? \_\_\_\_\_\_\_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child receiving services from any education programs such as LEAP, or any private therapist for speech, OT, PT, or behavior-related issues, or does your child have a current IEP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please describe the diagnosis and/or treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Language(s) spoken in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your child’s first language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how long has your child spoken/heard English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please acknowledge the following policies by initialing each:

1. The Registration Fee is non-refundable. \_\_\_\_\_\_\_\_\_\_ parent’s initials
2. I agree to pay my child’s tuition by the first of the month. I understand a

5% late charge will be assessed after the 20th of the month. \_\_\_\_\_\_\_\_\_\_ parent’s initials

1. Tuition is due monthly, August through May and is non-refundable.

Monthly tuition is not prorated. Full tuition is due for each month a

student attends. \_\_\_\_\_\_\_\_\_\_ parent’s initials

1. There are no credits for absences or holidays. \_\_\_\_\_\_\_\_\_\_ parent’s initials
2. I understand that a class list, including names and telephone numbers, may

be distributed to each member of my child’s class. \_\_\_\_\_\_\_\_\_\_ parent’s initials

1. If it becomes necessary to withdraw my child before the end of the year,

I agree to give two weeks notice. Otherwise, I am obligated to pay an

additional two weeks tuition. If withdrawal is in May, a full month’s

tuition will be due regardless of notice. \_\_\_\_\_\_\_\_\_\_ parent’s initials

Notice of Exemption

As the parent/guardian of the above named student, I acknowledge that I have been informed that Go Christian Academy of First Baptist Church Douglasville is exempt from licensing by the Georgia Department of Early Care and Learning and is not required to be licensed. I have been informed that Go Christian Academy of First Baptist Church Douglasville carries liability insurance.

We are accredited by the Georgia Accreditation Committee.

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

**FOR SCHOOL OFFICE USE ONLY:**

Entered in HM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid $\_\_\_\_\_\_\_\_\_\_\_

R: $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Cash/Check# \_\_\_\_\_\_\_\_\_\_\_\_

T: $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview: \_\_\_\_\_\_\_\_\_\_ Placement Test \_\_\_\_\_\_\_\_\_