



@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

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

Age/Class	Registration Fee	Tuition
<input type="checkbox"/> Half-day Kindergarten (birthday 9/1/2016-8/31/2017)	\$330	\$355/month
<input type="checkbox"/> Full-day Kindergarten (birthday 9/1/2016-8/31/2017)	\$330	\$415/month
<input type="checkbox"/> First Grade (birthday 9/1/2015-8/31/2016)	\$400	\$535/month
<input type="checkbox"/> Second Grade (birthday 9/1/2014-8/31/2015)	\$400	\$535/month
<input type="checkbox"/> Third Grade (birthday 9/1/2013-8/31/2014)	\$400	\$535/month
<input type="checkbox"/> Fourth Grade (birthday 9/1/2012-8/31/2013)	\$400	\$535/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
3. 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
4. There are no credits for absences or holidays. _____ parent's initials
5. 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
6. 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 _____