



@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 Homeschool Cohort Registration Form 2023-2024

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

Cohort Group	Registration Fee	Tuition
<input type="checkbox"/> 2-day program (Tuesday and Thursday) Kindergarten – 2 <sup>nd</sup> grade (5 yrs. by 8/31 – 7 yrs. by 8/31).	\$100	\$175/month
<input type="checkbox"/> 2-day program (Tuesday and Thursday) 3 <sup>rd</sup> – 5 <sup>th</sup> grade (8 yrs. by 8/31 – 10 yrs. by 8/31).	\$100	\$175/month
<input type="checkbox"/> 1-day program (Tuesday or Thursday -- circle day) Kindergarten – 2 <sup>nd</sup> grade (5 yrs. by 8/31 – 7 yrs. by 8/31).	\$100	\$95/month
<input type="checkbox"/> 1-day program (Tuesday or Thursday – circle day) 3 <sup>rd</sup> – 5 <sup>th</sup> grade (8 yrs. by 8/31 – 10 yrs. by 8/31).	\$100	\$95/month

The registration fee covers curriculum, beginning of the year supplies, special activities, 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.**

The tuition is for one child. Siblings receive a 15% discount on tuition.

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 \_\_\_\_\_

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

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

Does your child have any medical concerns, allergies, or special needs?

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

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 20<sup>th</sup> 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 \_\_\_\_\_