

Application Received \_\_\_\_\_  
Cash \_\_\_\_\_ Check# \_\_\_\_\_  
Date \_\_\_\_\_



### **Kingdom Kids**

Grove Level Baptist Church  
2802 Cleveland Hwy, Dalton, GA 30721  
706-259-4148  
[kingdomkids@grovelevel.org](mailto:kingdomkids@grovelevel.org)

**Children must reach the age of the class applied for by September 1, 2021.**

**\*Due at registration is one month non-refundable tuition payment.**

**If a payment agreement is needed, please see the Director.**

#### **Preschool - August 16, 2021-May 20, 2022**

___ <b>Age Two</b>	Tuesday/Wednesday/Thursday \$140.00 tuition
___ <b>Age Two*</b>	Monday/Tuesday/Wednesday/Thursday/Friday \$170.00 tuition
	<b>*Must have at least 7 children for this class</b>
___ <b>Age Three</b>	Tuesday/Wednesday/Thursday \$140.00 tuition
___ <b>Age Three</b>	Monday-Thursday or Tuesday-Friday \$155 tuition
___ <b>Age Three</b>	Monday/Tuesday/Wednesday/Thursday/Friday \$170.00 tuition
___ <b>Age Four/Five</b>	Tuesday/Wednesday/Thursday \$140.00 tuition
___ <b>Age Four/Five</b>	Monday-Thursday or Tuesday-Friday \$155 tuition
___ <b>Age Four/Five</b>	Monday/Tuesday/Wednesday/Thursday/Friday \$170.00 tuition

#### **Mother's Morning Out-August 17, 2021-May 19, 2022**

___ <b>Age 15-24 Circle 2-3 Days Needed: 8:30-11:30</b>	
___ <b>Months</b>	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 \_\_\_\_\_

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**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)

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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.

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Signature of \_\_\_\_\_  
Parent/Gurardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*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.

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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](http://www.decal.ga.gov).

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Signature \_\_\_\_\_ Date \_\_\_\_\_