

# GRACE CHRISTIAN ACADEMY

## ENROLLMENT FORM

SCHOOL YEAR: 2026-27

*(Please complete both sides of the form in its entirety)*

### OFFICE USE ONLY

**Enrollment Fee** - \$100 per student  
with a \$400 family cap

AMOUNT PAID: \$ \_\_\_\_\_

DATE PAID: \_\_\_\_\_

### FAMILY INFORMATION - MOTHER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow \_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

### FAMILY INFORMATION - FATHER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different from the mother)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widower \_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

### EMERGENCY CONTACT

In case of an emergency in which you cannot be reached, who should be contacted?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### FINANCIAL INFORMATION

Name of person financially responsible: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

Cell Phone (if different from above): \_\_\_\_\_

**Payment Plans:** \_\_\_ Payment in Full (by first day of school): Tuition \$ \_\_\_\_\_

\_\_\_ 10 Month Plan (August 1 – May 1): Monthly Tuition \$ \_\_\_\_\_

\_\_\_ 12 Month Plan (June 1 – May 1): Monthly Tuition \$ \_\_\_\_\_

By signing below, I am assuming all financial responsibility for all tuition, fees, and penalties assessed by Grace Christian Academy, as stated in the Financial Policies, Section VI, of the GCA Student Handbook. I understand enrollment fees are non-refundable.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

## STUDENT INFORMATION

**Child's Full Name** \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade enrolling \_\_\_\_\_ Previous school attended \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardians \_\_\_\_\_

List medicines currently being taken: \_\_\_\_\_

Indicate any special medical problems, disabilities, or allergies: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade enrolling \_\_\_\_\_ Previous school attended \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardians \_\_\_\_\_

List medicines currently being taken: \_\_\_\_\_

Indicate any special medical problems, disabilities, or allergies: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade enrolling \_\_\_\_\_ Previous school attended \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardians \_\_\_\_\_

List medicines currently being taken: \_\_\_\_\_

Indicate any special medical problems, disabilities, or allergies: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade enrolling \_\_\_\_\_ Previous school attended \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardians \_\_\_\_\_

List medicines currently being taken: \_\_\_\_\_

Indicate any special medical problems, disabilities, or allergies: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade enrolling \_\_\_\_\_ Previous school attended \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardians \_\_\_\_\_

List medicines currently being taken: \_\_\_\_\_

Indicate any special medical problems, disabilities, or allergies: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade enrolling \_\_\_\_\_ Previous school attended \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardians \_\_\_\_\_

List medicines currently being taken: \_\_\_\_\_

Indicate any special medical problems, disabilities, or allergies: \_\_\_\_\_