

GRACE CHRISTIAN ACADEMY

REQUIRED SIGNATURES AND CONSENT FORM

AFTER SCHOOL CARE

After School Care:

Billed at the beginning of each month for the previous month.

- 3:15 – 4:00 – \$10/day for the first child; \$5/day for the second child; third or more free
- 3:15 – 5:00 – \$20/day for the first child; \$5/day for the second child; third or more free
- 3:15 – 6:00 – \$30/day for the first child; \$5/day for the second child; third or more free
- Late pick-up after 6:00 – \$10 per day

I will need after school care for my child(ren): _____ Yes _____ No

Father Signature

Date

Mother Signature

Date

CONSENT FOR MEDICINE

My children may be given the following medicines as needed:

Tums and/or Pepto Bismol: yes _____ no _____

Acetaminophen and/or Ibuprofen: yes _____ no _____

Father Signature

Date

Mother Signature

Date

MINOR MEDICAL & TREATMENT RELEASE FORM

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, performance, or trip, I hereby grant permission to the school and its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter to receive medical treatment.

If you do not give permission or authorization to give consent for medical treatment, what procedure should be followed?

In the event medical treatment is required, every effort will be made to contact the parent/guardian at the listed numbers.
Contact # in order in which they are to be called:

1st Name & Phone # (indicate cell/home/work)

2nd Name & Phone # (indicate cell/home/work)

I/we absolve Grace Christian Academy from any liability to my child because of any injury to my child while at Grace Christian Academy, any school-sponsored activity, game, practice, physical education class, or event whether on or off campus.

Father Signature

Date

Mother Signature

Date

FIELD TRIP AND GENERAL TRANSPORTATION

I give my permission for my child to ride in the van/other vehicle to and from field trips and other school sponsored activities such as sports games. I understand that my child will be under the care and direction of Grace Christian Academy, but I will be notified in case of emergency.

Father Signature

Date

Mother Signature

Date

STUDENT ADVERTISEMENT PERMISSION

I agree to allow Grace Christian Academy the use of my child's picture to appear on the Grace Christian Academy website and social media pages, and any other advertising promoting Grace Christian Academy.

Father Signature

Date

Mother Signature

Date

STUDENT HANDBOOK

My child(ren) and I have read and agree to abide by the guidelines as stated in the Grace Christian Academy Student Handbook. The Student Handbook can be found on the school's website www.gcapatriots.org.

Father Signature

Date

Mother Signature

Date

TRANSPORTATION

My child(ren) will be picked up by another arranged driver.

Required Information: The following people may pick up my child(ren) from school. Please list name(s) and relationship of that person to your child.

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Name _____ Relationship to student _____

Father Signature

Date

Mother Signature

Date