

Application Received _____
 Cash _____ Check# _____
 Date _____



Kingdom Kids

Grove Level Baptist Church
 2802 Cleveland Hwy, Dalton, GA 30721
 706-259-4148
kingdomkids@grovelevel.org

Children must reach the age of the class applied for by September 1, 2023.

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

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

Preschool - August 14, 2023 - May 17, 2024

___ Age Two	Tuesday/Wednesday/Thursday	\$180.00 tuition
___ Age Two*	Monday/Tuesday/Wednesday/Thursday/Friday	\$210.00 tuition
*Must have at least 7 children for this class		
___ Age Three	Tuesday/Wednesday/Thursday	\$180.00 tuition
___ Age Three	Monday-Thursday or Tuesday-Friday	\$195.00 tuition
___ Age Three	Monday/Tuesday/Wednesday/Thursday/Friday	\$210.00 tuition
___ Age Four/Five	Monday-Thursday or Tuesday-Friday	\$195.00 tuition
___ Age Four/Five	Monday/Tuesday/Wednesday/Thursday/Friday	\$210.00 tuition

Mother's Morning Out - August 15, 2023 - May 16, 2024

___ Age 15-24	Circle 2-3 Days Needed: 8:30-11:30
___ Months	Tuesday-Wednesday-Thursday
	\$165 two days/\$180 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 _____

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)

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.

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.

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.

Signature _____ Date _____