



Dear families,

Welcome to Graceway Academy! Whether you're a returning family or considering joining us for the first time, we're so excited to have you as part of our center. Our teachers are committed to providing a nurturing environment where your child can grow, learn, and explore through the love and teachings of Christ. We believe in creating a strong foundation of faith, kindness, and respect for all of God's creation.

To secure your child's spot for the upcoming year, please return the following:

- Completed enrollment packet
- Enrollment fee (\$75)
- Your child's updated shot records

If you have any questions, don't hesitate to reach out- we're here to help!

Warm regards,

-Heather Holcomb

Heather@GracewayBryant.org

(501)352-8024



2026-2027 Tuition and Fees

2 Day a Week Program

1 year-2.5 years (based on age by Aug. 1st)

Tuesday and Thursday

8:45-1:45

September- May

\$75 Enrollment Fee (non-refundable)

\$195 Monthly tuition (based on 9 months of school)

\$50 Supply Fee (September and February)

3 Day a Week Program

3 years (by Aug. 1st and potty trained)- Kindergarten

Tuesday, Wednesday, and Thursday

8:30-2:00pm

September- May

\$75 Enrollment Fee (non-refundable)

\$275 Monthly tuition (based on 9 months of school)

\$60 Supply Fee (September and February)

*2.5 to 3 year olds classes are subject to change based on potty training. If you have further questions about ages, please email Heather@GracewayBryant.org

For more information about our academy, you can visit GracewayBryant.org or scan the QR Code below. There, you can access the following information:

- Daily and weekly schedules
- Tuition and fees
- Graceway Academy Parent Handbook
- Getting Children Ready for Kindergarten Guide
- And brochures with more information on child's health and safety





Enrollment Date: _____
(Office Use Only)

Personal Information:

Child's Full Name _____

Name child is called _____ DOB _____

Mother's Name _____ Cell _____

Mother's Employer _____ Phone _____ Hours _____

Father's Name _____ Cell _____

Father's Employer _____ Phone _____ Hours _____

Parents are (circle one) Married Divorced Separated Other

Address _____

City _____ Zip Code _____

Do you text? Yes No If so, what number? _____

Do you use Facebook? If so, what name? _____

Emergency Contact-other than parents

Name _____ Relationship to child _____

Address _____ Phone _____

Adults authorized to take your child from campus:

Name	Relationship to Child	Phone
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1. _____

2. _____

3. _____

4. _____

Medical Information:

Emergency Treatment

Hospital_____

Address_____Phone_____

Doctor_____Phone_____

Address_____City_____

Please circle any of the following that affect your child:

Seizures Frequent Colds Nose Bleeds Sun Sensitivity

Fainting Spells Other_____

Is your child being monitored by a doctor for any medical condition? Yes No

If yes, please explain_____

Does your child take any medication regularly? Yes No

If yes, what do they take?_____

Getting to Know Your Child:

Is your child potty trained? Yes No

Physical or emotional challenges_____

Does your child have special food needs such as diabetic diet or allergies?_____

If yes, please explain_____

My child can NOT eat_____

Instead, my child CAN eat_____

Does your child have any allergies that are NOT food related?

What is the best way to love on your child?_____

What is the best way to discipline your child? Keep in mind we DO NOT use corporal punishment at our facility. _____

What other information will be useful for us in the way we care for and educate your child?_____

What are some of your child's fears/dislikes?_____

What are some of your child's favorite:

Games:_____

Toys:_____

Foods:_____

Getting to Know Your Family:

Does your child have siblings?

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

What is the primary religion in your home? _____

Are there any religious or cultural beliefs that we should be mindful of? _____

Are you an active member of a church? Yes No

If yes, where do you attend? _____

If no, would you like more information on Graceway?

How did you hear about us? _____

What are your wishes for your child's future? _____

Graceway Academy Acknowledgement Form

I, _____, Parent/Guardian of _____, acknowledgement the following:

—By submitting the Graceway Academy enrollment packet, I hereby give my consent to the Director of Graceway Academy or his/her duly appointed representative, for my child to receive medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when parents cannot be reached. Consent is also given to the director or his/her duly appointed representative, to transport my child for emergency treatment or evacuation to a safe place in the absence of a parent.

Signature: _____ Date: _____

—My Child may be subject to interviews by licensing staff, child, male, treatment, investigators, and/or law enforcement officials for the purposes of determining licensing, compliance or investigative purposes.

Signature: _____ Date: _____

—I have received information from the “Getting Ready for Kindergarten” guide for my child’s as found on our website.

Signature: _____ Date: _____

—I have received information on the prevention of Shaken Baby syndrome in accordance with Carter’s Law as found on our website.

Signature:_____ Date:_____

—I have received a copy of our discipline policy as found on page 3 of our Parent Handbook. I understand no physical punishment will be administered at our center.

Signature:_____ Date:_____

—I acknowledge that I have access to and have read the following:

- Parent Handbook
- Tuition and Fee Schedule

Signature:_____ Date:_____

Graceway Academy Social Media Permission Form

Graceway Academy has classroom Facebook pages. Each teacher has their own private page that we use to give reminders of upcoming events and to keep their families plugged in to what we are doing on a day to day basis. We are asking permission to post photographs of your child to this page. We will not share names or other personal information about the children.

Please know that only parents or regular designated drop-off/pick-up persons will be on this page.

____ Yes, Graceway Academy has permission to post photos of my child, _____ on their private classroom Facebook page.

____ No, Graceway Academy does not have permission to post photos of my child, _____ on their Facebook page.