



## Day Care (2 – 4 year olds)

### Application

*(Completed application should be submitted with the appropriate non-refundable Application Fee for each child to the GCADC office)*

Child's name: \_\_\_\_\_  
First Middle Last

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

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

I would like to enroll my child in the following program:

\_\_\_\_ Full Time Child Care (7:30 am – 5:30 pm daily, Monday-Friday)

\_\_\_\_ Part Time Child Care – 3 Days/week (7:30 am – 5:30 pm daily – Monday, Wednesday & Friday)

\_\_\_\_ Part Time Child Care – 2 Days/week (7:30 am – 5:30 pm daily – Tuesday & Thursday)

**Note:** Additional Part Time days over option chosen above and late pickup fees will be charged based on the current Tuition/Fee Schedule and are to be paid on the day of occurrence.

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_\*

\* Child must be 2, 3 or 4 years old by September 30<sup>th</sup> of the current year

Has your child been enrolled in daycare before? Yes / No

If yes, where? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What church does your family attend? \_\_\_\_\_

Does your child attend Sunday School? Yes / No

Are you a member of Grace Baptist Church (GBC)? Yes / No Date Joined: \_\_\_\_\_

*(Note – regular attendance or tithing at GBC does not constitute membership. Membership at GBC is obtained by making your desire to become a member public during a regular church service and your membership being accepted by members of the church who are present at that service. To receive the GBC Family Membership Application Fee rate membership must be established at least 1 year prior to Application submission.)*

**Child's name:** \_\_\_\_\_  
First Middle Last

**Family Information:**

**Father's Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

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

**If separated or divorced, please indicate who has legal guardianship:** \_\_\_\_\_

**Emergency Contacts – other than those listed on page 1 (list name, phone & relationship):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Father's / Guardian(s) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's / Guardian(s) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representative of Center Signature**

\_\_\_\_\_  
**Date**