



# Growing in the Son

## 2019-2020 Fees and Tuition Schedule Form

### Fees

**Registration Fee:** \$100 non-refundable registration fee is due with this application.

**Supply Fee:** Non-refundable supply fee is due with this application (may be postdated June 1, 2019).

Supply fees are as follows: ▪ *Two year old:* \$236 ▪ *Three year old:* \$286 ▪ *Pre-K:* \$341 ▪ *Kindergarten:* \$368

\*Registration fee and postdated Supply Fee are due with this application.\*

### Tuition

Tuition payments may be paid in full, two postdated checks (September 1, 2019 and January 1, 2020), or by monthly ACH debits.

**Two Year Olds** – one payment of \$2124, two payments of \$1062, or nine payments of \$236

**Three Year Olds** – one payment of \$2574, two payments of \$1287, or nine payment of \$286

**\*Lunch Bunch Program (Optional for Two and Three Year Olds):** one payment of \$270, two payments of \$135, or nine payments of \$30 added to tuition. Enrollment in Lunch Bunch is for the entire school year.

Please indicate if you would like to enroll your child in Lunch Bunch for one additional hour per day.      Yes      No

**Pre-K** – one payment of \$3069, two payments of \$1534.50, or nine payments of \$341

**Kindergarten** - one payment of \$3312, two payments of \$1656, or nine payment of \$368

**I have chosen the following payment plan:**

**Option 1. Tuition paid in full. One payment due September 1, 2019:** (provide 1 postdated check to be deposited 9/1/19)

\$ \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
                     Tuition                      Lunch Bunch                      Total Payment

**Option 2. Two payments due September 1, 2019 and January 1, 2020:** (provide 2 postdated checks deposited 9/1/19 and 1/1/20)

\$ \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_ divided by 2 = \$ \_\_\_\_\_  
                     Tuition                      Lunch Bunch                      Total Due                                      Each Payment

**Option 3. ACH – Direct Payment Plan. Nine monthly payments due September 1, 2019 through May 1, 2020:** (provide 1 voided check and ACH Transaction Authorization Form)

\$ \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_ divided by 9 = \$ \_\_\_\_\_  
                     Tuition                      Lunch Bunch                      Total Due                                      Each Payment

**I understand that the Registration fee and \*Supply fee are non-refundable.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Returned Checks/NSF will incur a fee of \$25.00**

**I understand that Change of Enrollment Status paperwork must be completed 30 days in advance of withdrawing my child.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Growing in the Son ACH Transaction Authorization Form

Student's Name: \_\_\_\_\_

If you have chosen Option 3, ACH - Direct Payment Plan, for Growing in the Son tuition please complete the information below. Please PRINT.

I/We authorize GROWING IN THE SON to initiate electronic debit entries to my:

Checking account    (or)     Savings account

for payment of monthly tuition for (term) \_\_\_\_\_ in the amount of \_\_\_\_\_.

This debit will occur on the 1st day of each month beginning September 1, 2019 and continuing through May 2020. *Note: If the date for the ACH transaction is scheduled to occur on a weekend or holiday the transaction will occur on the following business day.*

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

This authorization will remain in effect until I have cancelled it in writing thirty (30) business days prior to scheduled transaction.

NAME ON ACCOUNT: \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT): \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE: \_\_\_\_\_

ACCOUNT HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES\*\***

# Growing in the Son

## Emergency Contact and Medical Information Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Emergency Contacts (other than parents)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

### Medical Contacts

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

I hereby give permission for a CCC or GIS staff member, certified in First Aid, to provide first aid care to the child named above. In the event I cannot be reached, I hereby authorize CCC or GIS or their designated representative to transport my child to the emergency room of the hospital(s) listed above, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) above, my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all transportation, hospital, medical, and other expenses incurred.

As parent/legal guardian of my minor child, I am responsible for the health care decisions of my minor child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, and/or hospital care or treatment to be rendered to my minor child is legally sufficient and that no consent from any other person is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information

Does your child have any allergies? Yes No If yes, please describe.

\_\_\_\_\_

Does your child use an Epi Pen? Yes No Does your child use an inhaler? Yes No

\*\*If you answered yes to any of the above questions, please complete a Medical Care Plan located on our website or in the Administrative Office.

Is your child potty trained? Yes No Words used for urination and bowel movement? \_\_\_\_\_

Does your child have any special needs? If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Is there anything in your child's developmental history that we should be aware of? If so, explain:

\_\_\_\_\_

\_\_\_\_\_

# Growing in the Son

## Authorized Pick- Up List

Student Name: \_\_\_\_\_

The following people are the **ONLY** authorized persons allowed to pick up my child from Growing in the Son Early Learning Christian Academy (include authorized parents). Photo ID will be required.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

Only people on the pickup list will be allowed to remove your child from GIS. Identification will be required if staff is not familiar with the person picking up your child. Please see the Parent Handbook for further information on pickup.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Compassion Christian Church/ Growing in the Son

## Photo/Video Policy

All people physically present on any property of Compassion Christian Church (CCC), Growing in the Son (GIS) and all people participating in any CCC-sponsored activity at any location authorize CCC and GIS and those acting pursuant to its authority and permission to photograph, videotape, or use any other electronic method of recording their likeness and/or voice to be used for any lawful purpose whatsoever.

Further, those present on CCC property or participating in any CCC- and GIS- sponsored activity at any location give CCC and GIS and those acting pursuant to its authority and permission the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage in which they may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos, and/or web sites where the image(s) appear. Those present on CCC property further acknowledge that images posted on the Internet can be copied and altered by unknown parties.

Persons present on CCC property or participating in any CCC- or GIS- sponsored activity at any location release CCC and GIS and those acting pursuant to its authority and permission from liability for any violation of any personal or proprietary right they may have in connection with such use. Persons present on CCC property or participating in any CCC- and GIS- sponsored activity at any location understand that all such recordings, in whatever medium, shall remain the property of CCC and GIS or those acting pursuant to its authority and permission.

Persons present on CCC, CC and LC property or participating in any CCC-, CCC- or GIS- sponsored activity at any location waive any right to compensation for their appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

Persons present on CCC property or participating in any CCC- or GIS- sponsored activity at any location agree to indemnify and hold harmless Compassion Christian Church and Growing in the Son and their officers, employees, volunteers, agents and those acting pursuant to its authority and permission from any and all claims, liabilities, demands, suits, causes of actions or proceedings of any kind or nature, losses or damages including attorneys' fees and costs of defense, which the indemnified parties may incur arising out of the negligence, error, omission, intentional acts, or other cause arising out of or resulting from CCC photographing, videotaping, or using any other electronic method of recording their likeness and/or voice and using it for any lawful purpose whatsoever.

The obligation to indemnify and hold harmless specifically includes claims, liabilities, demands, suits, causes of actions or proceedings arising from the negligent acts or omissions of the indemnified parties.

This agreement, and its underlying obligations, will be construed under Georgia law.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

January 1, 2019

Dear Parents,

The Georgia Department of Early Care and Learning (“Bright from the Start”) is the licensing agency for all childcare center- based facilities in the State of Georgia. All facilities must either be licensed or apply and be approved for Exemption based on specific criteria set forth by Bright from the Start. This letter is to advise you that Growing in the Son Early Learning Christian Academy (the “Academy”) is not licensed through the Georgia Department of Early Care and Learning and is not required to be licensed by the State of Georgia. Rather, the Academy operates pursuant under an exemption based on the Department’s rules and regulations. The Academy will maintain attendance records as a part of the exemption as well as adherence to local, regional and state health department, fire marshal and building/zone requirements.

Please sign and return this letter to indicate that you have been advised and understand the information presented. If you have any questions or concerns, please do not hesitate to contact me.

In His Service,



Michele Newsome, Director  
Growing in the Son Early Learning Christian Academy

\_\_\_\_\_By signing this form, I acknowledge that I have been advised and understand that the Academy is not licensed by the Georgia Department of Early Care and Learning and is not required to be licensed by the State of Georgia.

Parent Signature \_\_\_\_\_

Parent Name \_\_\_\_\_

Child’s Name \_\_\_\_\_