



4660 Caldwell Mill Road
 Birmingham, AL 35243
 (205) 967-7611
 www.avpc.org/ministries/ghk

2026-2027
Registration and Parent Agreement Form
(Please complete a separate form for each child.)

For office use only:
 Check # _____
 Amount _____
 Date Recv'd _____
 Class _____
 L & P _____
 Siblings _____

Check One: _____ New Student _____ Previous Student

Child's Full Name: _____ Name Called: _____

Date of Birth _____ Sex: Boy Girl

Address _____
 Street Number _____ City _____ State _____ Zip _____

Mother's Email (PLEASE PRINT CLEARLY) _____

Father's Email (PLEASE PRINT CLEARLY) _____

Mother: _____
 Name Occupation/Place of Employment Work Phone Cell Phone

Father: _____
 Name Occupation/Place of Employment Work Phone Cell Phone

Marital status of parents _____ (if divorced, who has custody?) _____

Is non-custodial parent allowed to pick up child? Yes No

PREVIOUS SCHOOL EXPERIENCE: _____

Reason for Leaving: _____

ALLERGIES or SPECIAL NEEDS: _____

Is your child potty-trained? Yes No Church affiliation: _____

Check the age group, class, and days per week in which you prefer to enroll your child. Circle whether it is your 1st or 2nd choice. Your child MUST be the appropriate age by September 1, 2026.

2 year old (2K)

2 day class M/W T/TH 1st Choice 2nd choice
 3 day class M/W/F 1st Choice 2nd choice
 5 day class (M-F) 1st Choice 2nd choice
 Daycare 1st Choice 2nd choice

3 year old (3K)

2 day class (T/TH) 1st Choice 2nd choice
 3 day class (M/W/F) 1st Choice 2nd choice
 5 day class (M-F) 1st Choice 2nd choice
 Daycare 1st Choice 2nd choice

4 year old (4K)

3 day class (M/W/F) 1st Choice 2nd choice
 4 day class (M-TH) 1st Choice 2nd choice
 5 day class (M-F) 1st Choice 2nd choice
 Daycare 1st Choice 2nd choice

5 year old (5K Kindergarten)

5 day class (M-F) 1st Choice 2nd choice
 Daycare 1st Choice 2nd choice

DAYCARE PAYMENTS ARE DUE EACH MONTH JUNE 2026—MAY 2027. REGISTRATION FEE & ADVANCE TUITION IS NON-REFUNDABLE:

I understand that the registration fee and advance tuition is non-refundable and I agree to this policy.

Signed _____ Date _____

Siblings (Please star if they are a current or former student at God's House.)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

List below persons, other than parents or guardian, that may pick up your child or may be contacted if your child becomes ill or injured during the time he/she is at preschool or daycare, and the parents or guardian cannot be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I understand that my child will not be released to anyone other than the person(s) whom I have authorized in writing to receive my child. All individuals authorized to pick up my child will be asked to enter their assigned pin code upon check-out.

EMERGENCY CONTACT INFORMATION: *Please give information regarding who and how parent/guardian may be reached in an emergency.* _____

EMERGENCY AUTHORIZATION:

I give permission for God's House to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure GHK is to follow in an emergency.)

Signed _____ Date _____

Parent or Guardian

An additional signature is required here to give permission to administer a prescribed dose of Children's Tylenol, Motrin, or similar such OTC medications, in the event of a high fever and we have been unable to contact you or your spouse.

Signed _____ Date _____

Parent or Guardian

BLANKET FIELD TRIP PERMISSION FOR FOUR AND FIVE YEAR OLDS:

I understand that specials trips are planned for the four and five year old children away from God's House Kindergarten and Day-care throughout the year. I am aware that I will be notified when field trips are to occur and that they will be carefully arranged and supervised by an adequate number of school parents. I am aware that I am responsible to provide the correct size car seat according to the age and weight of my child for his/her use on each field trip. I am willing to assume the responsibility for God's House Kindergarten and Day Care Center to take my child, _____, on these field trips.

Signed _____ Date _____

Parent or Guardian

MEDIA RELEASE FORM FOR: (Print child's name) _____

I grant permission to use my child's image without name.

I deny permission to use my child's image at all.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child or his/her work for use in materials that include, but may not be limited to, digital & printed materials such as brochures, newsletters, GHK Facebook site, and church website. **At no time will your child's first and last name be posted alongside image.**

Signed _____ Date _____

Parent or Guardian