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 (205) 967-7611  
 www.avpc.org/ministries/ghk

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

**2024-2025**  
**Registration and Parent Agreement Form**  
*(Please complete a separate form for each child.)*

Check One: \_\_\_\_\_ New Student \_\_\_\_\_ Previous Student

Child's Full Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

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, 2024.**

**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 2024—MAY 2025. 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