

GRACE CHRISTIAN ACADEMY

ENROLLMENT FORM

SCHOOL YEAR: 2026-27

(Please complete both sides of the form in its entirety)

OFFICE USE ONLY

Enrollment Fee - \$100 per student
with a \$400 family cap

AMOUNT PAID: \$ _____

DATE PAID: _____

FAMILY INFORMATION - MOTHER

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Marital Status: Married ___ Separated ___ Divorced ___ Widow ___

Church: _____ Pastor: _____

FAMILY INFORMATION - FATHER

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____
(if different from the mother)

Cell Phone: _____ Email: _____

Marital Status: Married ___ Separated ___ Divorced ___ Widower ___

Church: _____ Pastor: _____

EMERGENCY CONTACT

In case of an emergency in which you cannot be reached, who should be contacted?

Name: _____ Phone: _____

Address: _____ Relationship: _____

FINANCIAL INFORMATION

Name of person financially responsible: _____

Street Address (if different from above): _____

Cell Phone (if different from above): _____

Payment Plans: ___ Payment in Full (by first day of school): Tuition \$ _____

___ 10 Month Plan (August 1 – May 1): Monthly Tuition \$ _____

___ 12 Month Plan (June 1 – May 1): Monthly Tuition \$ _____

By signing below, I am assuming all financial responsibility for all tuition, fees, and penalties assessed by Grace Christian Academy, as stated in the Financial Policies, Section VI, of the GCA Student Handbook. I understand enrollment fees are non-refundable.

Father's Signature

Date

Mother's Signature

Date

STUDENT INFORMATION

Child's Full Name _____ Cell phone _____
Date of Birth (Month/Day/Year) _____ Age _____ Gender: M _____ F _____
Grade enrolling _____ Previous school attended _____
Child Lives With: Both Parents _____ Father _____ Mother _____ Grandparents _____ Guardians _____
List medicines currently being taken: _____
Indicate any special medical problems, disabilities, or allergies: _____

Child's Full Name _____ Cell phone _____
Date of Birth (Month/Day/Year) _____ Age _____ Gender: M _____ F _____
Grade enrolling _____ Previous school attended _____
Child Lives With: Both Parents _____ Father _____ Mother _____ Grandparents _____ Guardians _____
List medicines currently being taken: _____
Indicate any special medical problems, disabilities, or allergies: _____

Child's Full Name _____ Cell phone _____
Date of Birth (Month/Day/Year) _____ Age _____ Gender: M _____ F _____
Grade enrolling _____ Previous school attended _____
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