



Grace Weekday School
Registration Form 2026-2027

PLEASE PRINT CLEARLY AND COMPLETE ALL PAGES OF THE REGISTRATION FORM

Child's name _____ Date of application _____

Gender: M/F Date of Birth: _____ Nickname: _____

Returning student: YES/NO Sibling of a current student: YES/NO Grace Member: YES/NO

Sibling of a former student: YES/NO

Address: _____ Subdivision: _____

Email address#1 _____

Email address#2 _____

Church affiliation: _____

Are you looking for a church home? If so, would you like to be contacted by Grace UMC? Yes/No

Parent or Guardian Information

Parent or Guardian _____ Parent or Guardian _____

Relationship to child: _____ Relationship to child: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Names and birthdates of other children in the family. _____

Any special circumstances of which our school should be aware: (single parent, adoption, and etc.) _____

Please note any serious illnesses, injuries, surgery, allergies, etc. _____

Preschool/daycare experience (Name of preschool/daycare, where attended.) _____

Physician's name _____ Phone number: _____

EMERGENCY INFORMATION: If you cannot be reached, please list the names of two people in the local area who will accept responsibility for the care of your child.

1st call: _____ Number to call: _____

2nd call: _____ Number to call: _____

2026-2027 School Year

I hereby authorize Grace United Methodist Church Weekday School to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached.

SIGNATURE _____ DATE: _____

Throughout the year, we take the children's pictures. We would like to use some of these pictures on our school website. **Please indicate your permission to put your child's picture on the school's page.**

YES/NO Signature: _____ Date: _____

PICK UP POLICY

Only Mom or Dad, or the people listed below as having parental permission, will be allowed to pick up your child. Any other arrangements, either temporary or permanent, must be made in writing. In case of a last-minute emergency, a parent must call the office at 843-766-1621 ext. 1 and the message will be relayed to your child's teacher. A picture ID is required for anyone other than a parent and must be presented in the office.

SIGNATURE: _____ DATE: _____

NAME	RELATIONSHIP	PHONE #
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CLASS OFFERINGS

K1/MMO T/TH (2 DAYS) \$255 PER MONTH M/W/F (3 DAYS) \$330 PER MONTH

M-F (5 DAYS) \$365 PER MONTH

K2 CLASSES M-F (5 DAYS) \$365 PER MONTH M/W/F (3 DAYS) \$330 PER MONTH

K3 CLASSES M-F (5 DAYS) \$365 PER MONTH M/W/F (3 DAYS) \$330 PER MONTH

K4 CLASSES M-F (5 DAYS) \$365 PER MONTH

The first tuition payment for 2026-2027 will be due on July 1, 2026.

The supply fee will cover the supplies needed throughout the year for the children and teachers. Supply fees are \$125 for one child, \$200 for two children. This is due by September 1, 2025.

Tuition paid in full:

\$3285 for 5 days (\$365 x 9)

\$2970 for 3 days (\$330 x 9)

\$2295 for 2 days (\$255 x 9) only offered in the K1 program

Registration is completed with the following:

1. Completed registration form.
2. Registration payment, due with the completed registration form. REGISTRATION IS \$125.
ADDITIONAL CHILDREN \$50 MAXIMUM \$175 **Non-refundable**
3. A copy of the current immunization record is due by September 1st, 2026.

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY:

Date application was received: _____

Cash amount received: _____ Receipt Number: _____

Check amount received: _____ Check Number _____

