



**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.

1<sup>st</sup> call: \_\_\_\_\_ Number to call: \_\_\_\_\_

2<sup>nd</sup> 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 1<sup>st</sup>, 2026.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date application was received: \_\_\_\_\_

Cash amount received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Check amount received: \_\_\_\_\_ Check Number \_\_\_\_\_

