

Grace Valley Academy
20 Grove Ave. Groton, CT 06340
Phone: 860-941-3574 Email: info@gracevalleyacademy.org

*Proverbs 22:6 Start children off on the way they should go,
and even when they are old they will not turn from it.*

*Isaiah 54:13 All your children will be taught by the Lord,
and great will be their peace.*

3 John 1:4 I have no greater joy than to hear that my children are walking in the truth.

Grace Valley Academy Philosophy:

*We believe that our future Christian men and women need more (and sometimes less) than what
is taught in the public school system.*

We believe they need to be intentionally and intensively disciplined.

2024-2025 PreK Registration Information:

Child Name _____ Date of Birth ____/____/____

Current Age: _____ T-shirt size: _____ Male _____ Female _____

Child lives with:

Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Parent/Guardian Name(s)

Mailing Address: Street/PO Box

City/Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone(s) _____

Parent's Email _____

Please choose accordingly:

PreK 3: _____ am (9-12:15) _____ pm (12:15-3:30) _____ full day (9-3:30)

PreK 4: _____ full day (9-3:30)

Child's Physician's Name _____

Physician Phone # _____

Physician's Address _____

Any current illness/diagnosis: yes _____ no _____

If yes, please explain: _____

Any current medications being taken: yes _____ no _____ Please list: _____

Does the child's family currently attend a church? yes _____ no _____

If yes, which one? _____ Town: _____

Does the child's family understand/agree that their child will be exposed to The Good News of Jesus Christ as well as the teachings of the Holy Bible while in attendance at Grace Valley Academy? Please initial: _____

Does this child have a physical or emotional condition, or a learning difference or disability which has required special attention, or which might require special attention? yes _____ no _____

If yes, please explain

Emergency Contacts:

In the event that we cannot reach you, please list two emergency contacts who are authorized to pick up your child.

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Photo Release:

-My child is allowed to have his/her photo taken and. If yes, please initial: _____

Before/After Care:

-I will need (*please check*) before care _____ \$20/week
after care _____ \$20/week
both _____ \$40/week

I will need to drop my child off at _____ am and can't pick up until _____ pm.
I understand that the cost for these services is NOT included in my child's membership dues.

I understand that based upon the current/available/potential staffing of GVA, my child's registration may not be accepted for this application period and that he/she may be placed on a waiting list until additional staffing is obtained.

Parent/Guardian Name: _____ Date: _____

2024-2025 PreK Membership Fees

Child Name: _____

3 year old program:

Full Day: \$250 week for each in-school week

Half Day: \$150 week for each in-school week

*In school week: please see the current school year calendar on the website.

4 year old program:

Full Day: \$200 week for each in-school week

*In school week: please see the current school year calendar on the website.

A non-refundable \$500 registration/curriculum deposit is due at the time of acceptance which will be used to purchase your child’s discipleship materials and classroom supplies for the year.

Checks can be made out to: Grace Valley Academy. Credit card payments can be made through our website: www.gracevalleyacademy.org or we can invoice you via Square..

There is a \$25 charge for returned checks. There is a \$20 charge for invoices not paid within 3 days of due date.

The GVA Board of Directors reserves the right to un-enroll children from GVA if membership fees are significantly delinquent.

In the event of an unplanned occurrence and GVA needs to close for an extended period of time, pre-paid membership fees cannot be refunded. However, inclement weather closures may be made up in June.

**Multi-child discount: second child 15% off, third child 20% off, etc.

Parent/Guardian Signature: _____ Date: _____

-----Staff Reporting-----

Date registration was received: _____

Discounts applied: Child#2;15% Child#3;20% Child#4;25%

Final Membership cost: _____

Room assignment: _____

Deposit paid: ____yes ____no

Special Notes: