



## grace christian child development center

### main campus

2605 Jefferson Davis Highway  
Sanford, NC 27332  
phone: 919-776-2576  
fax: 919-708-5325

### north lee campus

119 Log Cabin Lane  
Sanford, NC 27330

director: Jeannie Garrell

[info@gracecdcsanford.com](mailto:info@gracecdcsanford.com)

[www.gracecdcsanford.com](http://www.gracecdcsanford.com)



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Main Campus  
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Sanford, NC 27332  
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919-869-1462 fax

North Lee Campus  
119 Log Cabin Lane  
Sanford, NC 27330  
919-775-7255  
919-708-5325 fax

### OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Enrollment Status: Offered \_\_\_\_ Declined \_\_\_\_  
Class Assignment: \_\_\_\_\_

Interview/Tour Completed: \_\_\_\_ Yes \_\_\_\_ No  
Medical Report On File: \_\_\_\_ Yes \_\_\_\_ No  
Building/Fob Assigned: \_\_\_\_\_

### GENERAL INFORMATION

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Male / Female \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date Available for Enrollment: \_\_\_\_\_

Which location are you applying for?

Main : 2603 Jefferson Davis Hwy Sanford, NC 27332

\_\_\_\_\_

North Lee : 119 Log Cabin Lane Sanford, NC 27330

\_\_\_\_\_

First one with available opening

\_\_\_\_\_

How did you hear about Grace Christian Child Development Center?

\_\_\_\_\_

If Referred, by: (Name) \_\_\_\_\_

(Relationship) \_\_\_\_\_

### Education

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_



## FAMILY INFORMATION

Child's Full Name \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Child lives with: \_\_\_\_\_

\_\_\_\_ Father.      \_\_\_\_ Step Father      \_\_\_\_ Legal Guardian

\_\_\_\_\_  
Name (Last, First, MI, Title)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address( If different from above)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone + ext

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Email

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

\_\_\_\_ Mother      \_\_\_\_ Step Mother      \_\_\_\_ Legal Guardian

\_\_\_\_\_  
Name (Last, First, MI, Title)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address( If different from above)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone +ext

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Email

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

Please provide the names of persons to whom you authorize the release of the child (Proper ID/verification will be required before release is granted.)

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

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Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship



## EMERGENCY INFORMATION

\_\_\_\_\_  
Name of Child's Doctor

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Fax Phone

\_\_\_\_\_  
Name of Child's Dentist

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Fax Phone

Hospital Preference: \_\_\_\_\_

City: \_\_\_\_\_

Phone: ( \_\_\_\_\_ - \_\_\_\_\_ )

Child's Medical Insurance Carrier: \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

If neither father or mother (or guardian) can be reached, call (please list relationship)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Work Phone



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## CHILD'S MEDICAL INFORMATION

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parents or health care professional. Is there a medical action plan attached?* ☐ Yes ☐ No

Is your child allergic to anything? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

Is your child under a doctor's care ☐ Yes ☐ No If yes, what? \_\_\_\_\_

Is your child on any continuous medication? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

Any previous hospitalizations or operations? ☐ Yes ☐ No If yes, when and how what purpose/diagnosis? \_\_\_\_\_

Any history of significant previous disease or recurrent illness? ☐ Yes ☐ No  
☐ No;

Diabetes? ☐ Yes ☐ No; Seizures ☐ Yes ☐ No Heart Trouble ☐ Yes ☐ No

Other, please describe what and when? \_\_\_\_\_

Does the school your child currently attends have current immunization records on file? No ☐ Yes ☐

Date of Last Tetanus Shot. \_\_\_\_\_

Does your child have any physical limitations? No ☐ Yes ☐ If yes, please explain: \_\_\_\_\_

Does your child have asthma? ☐ Yes ☐ No If yes, does he/she require an inhaler? \_\_\_\_\_

Does your child have any special needs? ☐ Yes ☐ No If yes, please describe? \_\_\_\_\_

Physical or mental disabilities? ☐ Yes ☐ No If yes, please describe? \_\_\_\_\_

Please provide any information below concerning your child which will be helpful in his/her experience in group settings. (play, eating & sleeping habits, special fears, special likes or dislikes) Continue on the back of this form if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## AGREEMENTS

I agree, by signing below, that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
(Father/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother/Guardian Signature)

\_\_\_\_\_  
(Date)

I verify that all of the above information is true and correct. I understand that any falsification, intentional or otherwise, of any portion of this document may be grounds for my child's dismissal. I certify that I understand Grace Christian Child Development Center is a ministry of Grace Chapel Church. Furthermore, I have read and understand the statement of faith for Grace Chapel Church and by affixing my signature below, I certify that I am in agreement with and support the teaching of my child according to all content thereof and also understand that these are conditions of my child's enrollment in Grace Christian Child Development Center.

\_\_\_\_\_  
(Father/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother/Guardian Signature)

\_\_\_\_\_  
(Date)

Parents and extended families of students are covenanting with GRACE CHRISTIAN CHILD DEVELOPMENT CENTER to be supportive, cooperative, engaged, and involved with the CDC in providing its services and ministry to the enrolled children. Appropriate, private and constructive feedback is invited and encouraged directly with teachers and administration. There is, however, an expectation that parents/guardians demonstrate a general and substantial support of the CDC, its staff, students and systems while enrolled at GRACE CHRISTIAN CHILD DEVELOPMENT CENTER. Enrolled families agree to engage with the communication from GRACE CHRISTIAN CHILD DEVELOPMENT CENTER as well as official third party payment vendors in all their forms.

\_\_\_\_\_  
(Father/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother/Guardian Signature) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

**Please carefully read the following, initial where indicated and sign below**

I understand that as the parent/guardian of my minor child (name of child): \_\_\_\_\_, I am responsible for the granting of permission and consent to the following procedures as well as the actions and physical condition of my child while he/she is in the Summer Camp program. As such, I consent to the following:

**I give my permission for my child to participate in all program activities.**

Please list any possible exclusions: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Procedures**

In case of emergency, I authorize the program staff to directly contact the persons named on the application for enrollment. I authorize the doctor/hospital listed to provide necessary medical treatment in case of emergency. If the parent, guardian, or authorized person cannot be contacted, the program's directors (or designated staff) are authorized to take necessary action for the health and welfare of my child. I agree that I am solely responsible for payment of all costs resulting from emergency medical treatment and/or ambulance services.

Initials \_\_\_\_\_

**Transportation**

I give permission for my child to participate in all field trips. I understand and consent that he/she, from time to time, will be walking or riding in an approved vehicle away from campus.

Initials \_\_\_\_\_

**Sign In/Out Procedures and Responsibilities**

I agree to abide by the sign in/out procedures as stated in the Parent Handbook.

Initials \_\_\_\_\_

**Student Record Updates**

I understand that I must keep my child's records up to date with current phone numbers to those authorized to pick up my child. I have been made aware that a revised Parent Handbook can be found on our website at [www.gracecdcsanford.com](http://www.gracecdcsanford.com). This revised handbook will be effective June, 2020.

Initials \_\_\_\_\_

I will discuss any policy or procedure I do not understand with the childcare center's administration.

Initials \_\_\_\_\_

**Movie Release**

I authorize my child to watch "G" rated and "PG" rated movies in the Summer Camp program. All movies will be previously screened prior to viewing.

Initials \_\_\_\_\_

**Sunscreen Release**

I agree to authorize the staff to provide, apply and re-apply sunscreen to my child if it is deemed necessary for the safety and well-being of the child.

Initials \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**



# grace christian child development center

**A Ministry of Grace Chapel Church  
2605 Jefferson Davis Hwy.  
Sanford, NC 27332**

## **PARTICIPATION & RELEASE AGREEMENT**

I \_\_\_\_\_, parent of \_\_\_\_\_,  
do hereby consent that my child may participate in ministry activities. I give permission to allow my child to ride in ministry vehicles. I do hereby release and forever discharge all sponsors, employees, volunteers, officers and board members of Grace Chapel Ministries (DBA Grace Christian Child Development Center) from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in related activities. If medical care is needed, I understand that reasonable effort will be used to reach emergency contacts, but I give permission for emergency medical treatment to be given by certified personnel. I do understand that any financial obligations that are incurred for medical services will be my responsibility.

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Present Medications \_\_\_\_\_

Insurance: Policy Name \_\_\_\_\_

Plan # \_\_\_\_\_ ID# \_\_\_\_\_

Emergency Contact Name & Number

1. \_\_\_\_\_

2. \_\_\_\_\_

I, the undersigned, do hereby verify that the above information is correct.

\_\_\_\_\_  
*Parent's Signature or  
Participant's Signature (if older than 19 years of age)*

\_\_\_\_\_  
*Date*