



Grace Baptist Academy - Preschool  
2026-2027 Enrollment

*packet*

**Thank you for choosing GBA! We are so excited to have you. In this packet you will find a series of forms to fill out and return. Please review the below and return any additional forms required for enrollment.**

**New Families (ALL ages):**

- 1.) Copy of Birth Certificate**
- 2.) Copy of most recent Immunization Record (must be on a State/Physician signed form)**
- 3.) \$50 Enrollment Fee**

**Once GBA receives a complete enrollment packet, you will be contacted via email and/or phone with confirmation of your spot. If you have any questions, please call the office at 615-384-3393 or contact Lynelle Sutton ([lsutton@gbcspringfield.org](mailto:lsutton@gbcspringfield.org)) or Amanda Ralph ([aralph@gbcspringfield.org](mailto:aralph@gbcspringfield.org)).**

## 26-27 Tuition Information\*

One Time Registration Fee - \$50

BeforeCare - \$0

Curriculum Fee - \$0

Technology Fee - \$0

Installment Fees - \$0

PreK2 - PreK4 \$6,600

K-7th Grade - \$7,200

### AfterCare (Preschool & Elementary Only).

Part Time (3 days per week or less) - \$1,500

Full Time (4 or more days per week) - \$2,000

Synergy Summer Care  
(Preschool & Elementary Only)  
(optional) - \$650

Multiple tuition payment plans are available. Please complete and return the separate Financial Packet.

\*The prices listed here are base tuition costs and do not include financial aid, scholarships, or other special circumstances.

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# 2026-2027 School Calendar

Updated

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- August 3:** New Student Orientation 5:00 PM
- August 3:** All Student Open House 5:30-7:00 PM
- August 4:** Students' First Day (Half Day)
- September 7:** Labor Day - School Closed
- September 10:** Parent Teacher Conferences (Elementary)
- October 12-16:** Fall Break - School Closed
- November 2:** Teacher In-Service Day - No students
- November 25-27:** Thanksgiving Break - School Closed
- December 18:** Students dismiss Half Day
- December 20-January 5:** Christmas Break - School Closed
- January 5:** Teacher In-Service Day - No students
- January 6:** Students Return (Full Day)
- January 18:** MLK Jr. Day- School Closed
- February 15:** Presidents' Day- School Closed
- March 2:** Teacher In-Service Day- No students
- March 15-19:** Spring Break - School Closed
- March 26:** Good Friday- School Closed
- May 21:** Last Day of School (Half Day)

## 2026-2027 Report Card Schedule

1st Quarter: October 23

2nd Quarter: January 8

3rd Quarter: March 25

4th Quarter: May 21



# Grace Baptist Academy Enrollment

*application*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Address \_\_\_\_\_

DOB \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth Gender \_\_\_\_\_

Last School Attended \_\_\_\_\_

## PARENT INFORMATION

GBA reserves the right to exclude from admission any non- Biblical partnerships or relationships

Father's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Primary Address \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Employment Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Primary Address \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Employment Phone Number \_\_\_\_\_

## EMERGENCY CONTACTS

Name & Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Has the applicant ever been tested for a learning difference?

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Please list any learning differences, emotional, medical treatments, or physical handicaps which may affect the applicants activities.

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Has the applicant ever had any disciplinary issues?

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Please list any allergies below.

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How did you hear about Grace Baptist Academy?

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Please state why you seek admission for your child at Grace Baptist Academy.

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

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



# Student Health History

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Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## PHYSICAL HEALTH

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What health problems has your child had in the past?

\_\_\_\_\_

What health problems does your child have now?

\_\_\_\_\_

Does your child have allergies? If so, please list.

\_\_\_\_\_

Are his or her allergies severe? \_\_\_\_\_

Does your child take medication regularly? If so, what?

\_\_\_\_\_

Has your child ever been hospitalized, If so, when and why?

\_\_\_\_\_

Does your child have any recurring chronic illness or health problem?

\_\_\_\_\_



# Student Health History

Continued

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## DEVELOPMENT

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Does your child have problems with speech?

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Does your child have problems with walking, running, or moving? Please explain.

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Does your child have problems hearing or seeing? Please explain.

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## DAILY LIVING

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What is your child's typical eating pattern? Food likes and dislikes?

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Is your child on a special diet? Please describe.

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## SCHOOL/ SOCIAL PROBLEMS

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Is your child having any difficulties in school? Please explain.

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Does your child receive any special education services at school? Please explain.

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# Student Health History

Continued

How does your child get along with peers/friends?

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Is your child involved in any sports/hobbies? Please describe.

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How does your child express emotions when stressed, angry, or frustrated?

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What is the best way to discipline your child, EXCLUDING physical punishment?

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Is there any other information that you wish to share that would assist in  
meeting your child's needs?

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Signature

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Date



# Medical Consent Form

In case of emergency, Grace Baptist Church personnel has my consent to authorize medical care for my child(ren) listed below:

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Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

## Our Family Physician

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

## Immediate Contacts

Name/Relationship/Number \_\_\_\_\_

Name/Relationship/Number \_\_\_\_\_

\_\_\_\_\_  
Signature/ Relationship

\_\_\_\_\_  
Date



# Activities Release Form

## Consent & Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled children's activities of GBA at Grace Baptist Academy, Springfield TN and any other supervised activities customary associated with GBA both on and off church property. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the teacher in writing. Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted please specify:

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I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize GBA staff to make medical care decisions on behalf of my child 1) if required by law, or 2) if a health care provider or emergency medical provider recommends a course of action to the Principal. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray machines, anesthetic, medical, or surgical diagnosis or treatment and hospital care.

I understand that GBA and its representatives will not be responsible for medical expenses incurred solely based on this authorization. I further agree to notify the Principal and teacher in writing of any health changes that would restrict my child's participation in any normal children's activities. I also understand that the Principal and designated leaders reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child

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Signature/ Relationship

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Date



*Permission to  
Photograph/Video/Billboard*

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Please be advised that your child may be photographed or videotaped at various school events. Please review and choose an option below:

\_\_\_\_\_ Yes, I give permission for my child's photograph and/or video to be posted on the GBA and/or GBC website, Facebook, other social media outlets, and used in publications or advertisements relating to Grace Baptist Academy or Grace Baptist Church.

\_\_\_\_\_ No, I do not give permission for my child's photograph and/or video to be posted on GBA and or GBC website, Facebook, other social media outlets, or publications or advertisements relating to Grace Baptist Academy or Grace Baptist Church.

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**Child's Name**

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**Signature/ Relationship**

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**Date**

# AfterCare Sign Up

Please indicate if you will need to utilize BeforeCare and AfterCare. BeforeCare is included in your tuition. Full time and part time AfterCare options are available for a flat rate cost. AfterCare is billed at the beginning of the month and based upon election, not based upon the amount of days used.

AfterCare election changes are allowed once per semester (August & December). If a change arises between submission of this form and the beginning of school, please notify GBA administration.

**AfterCare is only available to Preschool and Elementary age students. Middle School students needing extended care must register for quarterly clubs. Quarterly clubs are billed separately.**

\_\_\_\_\_ N/A - My child is a Middle School student.

\_\_\_\_\_ My child **WILL** use BeforeCare (6:30am-7:30am)

\_\_\_\_\_ My child **WILL** use **PART TIME** AfterCare (3:30pm-5:30pm)  
Please circle the days needed: M T W T F

\_\_\_\_\_ My child **WILL** use **FULL TIME** AfterCare (3:30pm-5:30pm)  
Please circle the days needed: M T W T F

\_\_\_\_\_ My child will **NOT** use AfterCare

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

\_\_\_\_\_  
Signature/ Relationship

\_\_\_\_\_  
Date



*List of Approved People to Pick  
My Child Up*

Requires Name, Phone Number, and Driver's License Number  
\*Please include parent(s)' name(s) in list.

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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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

\_\_\_\_\_  
Signature/ Relationship

\_\_\_\_\_  
Date