

2017-2018



LEVEL GROVE SCHOOL  
APPLICATION FOR  
ADMISSION

PRESCHOOL

LEVEL GROVE SCHOOL  
PO Box 416  
CORNELIA, GA 30531  
706-778-6371  
706-894-1803 (FAX)

[LEVELGROVESCHOOL@GMAIL.COM](mailto:LEVELGROVESCHOOL@GMAIL.COM)  
[WWW.LEVELGROVESCHOOL.COM](http://WWW.LEVELGROVESCHOOL.COM)

***Personal/Emergency Information***

Child's Name: \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

Child's Preferred Name (if different): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP

Home Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Parent Status ( ) Married ( ) Divorced ( ) Separated

Who has legal custody? \_\_\_\_\_

A copy of proper legal documentation will need to be provided to the school.

If legal guardian, list name, address, phone number if other than above:

\_\_\_\_\_

In case of emergency (and parents cannot be reached), please call:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Church Membership/Affiliation: \_\_\_\_\_

Please list the individual responsible for paying tuition and the best email address to use for receiving tuition invoices.

Name: \_\_\_\_\_

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

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

If multiple parties will be responsible for paying tuition, please list all people involved and a brief explanation of the payment plan.

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

***Pick-up Information***

The following people are authorized to pick up my child:

1. Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

People who **may not** pick up my child:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

***Note: Any person unfamiliar to us will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.***

### **Medical Information**

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

***Your child must be up-to-date on immunizations and their immunization record must be on file with the school. You can get this at the health department or your child's doctor.***

Date of last checkup: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your child on any type of medication? ( ) Yes ( ) No

If yes, what? \_\_\_\_\_

Any special medical conditions, including chronic health problems or allergies: (Please list all food allergies.)

\_\_\_\_\_

Any special medications and/or restrictions: \_\_\_\_\_

Does your child have any speech, hearing, or visual problems? If so, briefly explain:

\_\_\_\_\_

Has your child had any of the following common childhood illnesses?

Chicken pox ( ) Yes ( ) No	Measles ( ) Yes ( ) No	Whooping Cough ( ) Yes ( ) No
German Measles ( ) Yes ( ) No	Mumps ( ) Yes ( ) No	Rubella ( ) Yes ( ) No
Scarlet Fever ( ) Yes ( ) No	German Measles ( ) Yes ( ) No	Rheumatic Fever ( ) Yes ( ) No

Is your child prone to any of the following?

Ear infections ( ) Yes ( ) No	Headaches ( ) Yes ( ) No	Sore throats ( ) Yes ( ) No
Stomach upsets ( ) Yes ( ) No	Colds ( ) Yes ( ) No	Heart disease ( ) Yes ( ) No
Diabetes ( ) Yes ( ) No	URI ( ) Yes ( ) No	Other:

***Emergency Parental Consent***

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give permission to Level Grove School to obtain whatever treatment deemed necessary. I understand this may include transport to the hospital.

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Hospital Insurance: \_\_\_\_\_ yes      \_\_\_\_\_ no

Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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



●LEVEL●GROVE●SCHOOL●

Train up a child in the way he should go; even when he is old he will not depart from it.  
Proverbs 22:6

***School State Exemption Form***

I understand that Level Grove School is not licensed through the state of Georgia. Level Grove School has liability insurance through Level Grove Baptist Church.

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Child's Name (PLEASE PRINT)

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Parent/Guardian's Name (PLEASE PRINT)

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Parent/Guardian's Signature

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



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**Level Grove Baptist Church Cornelia, Georgia**  
**Level Grove School**  
**2017/2018 Liability Release Form**

In consideration for being accepted by Level Grove Baptist Church for participation in the Level Grove School program, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Level Grove Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the Level Grove School program. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and program activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, from any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said program, and thereby give our (my) permission to take said participant to a doctor or hospital in the case of an emergency if we (I) cannot be reached and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

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Child's Name (please print)

We (I) have read, understood, and agree to the above liability release statement for the Level Grove School program at Level Grove Baptist Church and we (I) agree to adhere to its policies and procedures.

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Father's Signature

Date

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Mother's Signature

Date

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Legal Guardian's Signature

Date

**Registration Information**

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

Child's Date of Birth: \_\_\_\_\_

Age of Child on August 1, 2017 \_\_\_\_\_

Program You Are Applying for: \_\_\_\_\_

Babies/Toddlers: \_\_\_\_\_

2 Year Olds (2 days a week): \_\_\_\_\_  
(Mon/Wed)

2 Year Olds (2 days a week): \_\_\_\_\_  
(Tue/Thur)

2 Year Olds (3 days a week): \_\_\_\_\_

3 Year Olds (3 days a week): \_\_\_\_\_  
All students entering the 3 year old program must be 3 by September 1st and potty trained.

3 Year Olds (4 days a week): \_\_\_\_\_  
All students entering the 3 year old program must be 3 by September 1st and potty trained.

Pre-K: \_\_\_\_\_  
All students entering the Pre-K program must be 4 by September 1st.

***A non-refundable registration fee of \$75 is due with application. A current shot record will need to be on file before school starts.***

<b>Office Use</b>	
_____	Enrollment Fee
_____	Copy of Birth Certificate
_____	Immunization



