



G.R.A.C.E.
Director: M. Quinones
Asst. Dir: Sara Quinones

Name of Child

Address/TEL.

STARTING ROOM

RATE

A Non-refundable Registration fee of \$100 (\$150 per family) is required upon enrollment and annually thereafter. Another Registration fee will be due if the child is withdrawn and then Re-enrolls.

Signature

Tuition is due Friday before the upcoming week. Tuition not paid by Tuesday will incur a \$15 late fee. An additional \$15 late fee may be applied if not paid by Thursday.

Signature

There are no deductions for holidays or partial week attendance.

Signature

A \$30 fee will be charged for all returned checks.

Signature

A two week written notice is required when withdrawing.
The notice must be given to the front desk office staff. A charge of up to two weeks tuition will be incurred for improper notification.

Signature

I agree to pay the current weekly tuition rate throughout my child's enrollment including the two week withdrawal notice period.

Signature

I understand that, if at any time during the school year my account becomes delinquent and a withdrawal from school is issued, GRACE has the right to hold report cards, transcripts requests, and standardized test scores until the delinquency is satisfied. This will be a violation of the Financial Commitment Agreement and will be considered a breach of contract.

HEALTH AND EMERGENCY PERMISSION

I, _____, give permission for God's Rainbow Christian Academy to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release to God's Dwelling Place dba God's Rainbow Christian Academy, from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent Signature _____ Date _____

God's Rainbow Christian Academy emergency medical procedure will be:

1. Contact Parent or other emergency contacts
2. Call emergency medical team, if necessary
3. Have emergency medical team transport child to nearest hospital

Medical attention will be sought from the doctor on call at:

Methodist Sugar Land Hospital
16655 Southwest Frwy. (At Sweetwater Blvd.)
Sugar Land, Texas 77479
281-274-7000