



Grace Baptist Academy
2025-2026 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**

Kindergarten:

- 1.) Copy of most recent Immunization Record (must be on a State/Physician signed form and be marked "Complete for K-5th Grade")**

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 Michelle Martin (mmartin@gbcspringfield.org) or Lynelle Sutton (lsutton@gbcspringfield.org).

25-26 Tuition Information*

One Time Registration Fee - \$50

BeforeCare - \$0

Curriculum Fee - \$0

Technology Fee - \$0

Installment Fees - \$0

Inclement Weather Care - \$0

PreK2 - \$6,600

PreK3 - \$6,500

K4-6th Grade - \$6,500

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

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

Synergy Summer Care (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.

2025-2026 School Calendar

August 4: New Student Parent Orientation 5:00 PM

August 4: All Student Open House 5:30-7:00 PM

August 5: Students' First Day (Full day)

September 1: Labor Day - School Closed

September 4: Parent Teacher Conferences 3:30pm-5:30pm

October 13-17: Fall Break - School Closed

October 24: 1Q Report Cards

November 26-28: Thanksgiving Break - School Closed

December 22-January 5: Christmas Break - School Closed

January 5: Teacher In-service Day - No students

January 6: Students Return (Full Day)

January 9: 2Q Report Cards

March 16-20: Spring Break - School Closed

March 27: 3Q Report Cards

April 3: Good Friday - School Closed

May 22: Last Day of School - Half Day Dismissal @ 11:30AM

May 22: 4Q Report Cards

2024-2025 Quarterly Schedule

1st Quarter: August 5-October 10

2nd Quarter: October 20-December 19

3rd Quarter: January 6-March 13

(1 week added to account for snow days)

4th Quarter: March 23-May 22



Grace Baptist Academy Enrollment

application

Student Name _____ Date _____

Primary Address _____

DOB _____ Grade Entering _____ Birth Gender _____

Last School Attended _____

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

PARENT INFORMATION

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 _____

Name & Relationship _____ Phone Number _____

Name & Relationship _____ Phone Number _____

Name & Relationship _____ Phone Number _____

Has the applicant ever been tested for a learning difference?

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

Has the applicant ever had any disciplinary issues?

Please list any allergies below.

How did you hear about Grace Baptist Academy?

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

Signature: _____

Date: _____



Student Health History

Child Name _____

Date of Birth _____

PHYSICAL HEALTH

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

DEVELOPMENT

Does your child have problems with speech?

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

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

DAILY LIVING

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

Is your child on a special diet? Please describe.

SCHOOL/ SOCIAL PROBLEMS

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

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



Student Health History

Continued

How does your child get along with peers/friends?

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

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

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

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

Signature

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:

.....

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:

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 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

Signature/ Relationship

Date



*Permission to
Photograph/Video/Billboard*

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.

Child's Name

Signature/ Relationship

Date



Inclement Weather Form

Grace Baptist Academy will try to stay open during inclement weather situations. If GBA announces a "Snow Plan" day, then it will be open from 8:00am-3:00pm as long as weather allows. Opening decisions may be made last minute in order to ensure safety for all parties.

Please state below whether you will or will not need childcare on inclement weather days.

By signing you do not need childcare on inclement weather days you will not have access to childcare on those days unless you resubmit a new form prior to an inclement weather day

_____ Yes, my child will be attending GBA on all inclement weather days.

_____ No, I do not need childcare on inclement weather days at GBA.

Child's Name

Signature/ Relationship

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.

Please sign and return this form .

_____ 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.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Child's Name

Signature/ Relationship

Date

The parents of _____
have received the Grace Baptist Academy handbook and will
adhere to the policies and procedures set forth by
Grace Baptist Academy.



Name

Signature/ Relationship

Date