

Over the River & Through the Woods to Miss Annie's House We Go

(CO-OP Anna & Robert Minter Jr. - DBA Gracious Me Academy) *Luke 18:16*

2024-2025

580 Hidden Valley Road Grants Pass, OR 97527 541-660-5962 /660-6249

Tuition 2nd-5th \$325/ Registration Fee: \$95 non-refundable & Book Fee: \$185

Tuition K-1st \$255/ Registration Fee: \$95 non-refundable & Book Fee: \$155

***** Registration Form **Cancellation requires 2 weeks advance notice or 2 weeks tuition**

Child's Name _____ Birth Date: _____ Gr Level- _____ Boy / Girl

Address: _____ City: _____ Zip _____

Home Phone _____ Cell: _____ Email _____

Father's full name _____ Employer _____ wk # _____

Mother's full name _____ Employer _____ wk# _____

Persons other than parents who could be contacted in case of emergency:

Name: _____ Relationship _____ phone:() _____

Name: _____ Relationship _____ phone: () _____

Doctor to be called in case of emergency when parents can not be reached:

Please list schools previously attended (continue on reverse if necessary): _____

I understand that the tuition is established on a **monthly** basis which is to be paid by the 5th of every month, or may be subjected to a \$10.00 late fee. Also, with the monthly installments, I understand there is no adjustment for absence or vacations or school holidays.

2nd-5th Mon- Wed 9:00-2:00 Thurs 9:00-12:30 = \$325.00

K/1st Mon-Wed 9:00-1:00= \$255 (additional hrs i.e. after 1:00 or Thurs class per hour \$5.00)

Any allergies? _____

In the event your child becomes ill or sustains an injury while in the care of Gracious Me Academy, we give our permission to those in charge to take whatever steps are necessary to stop the bleeding or administer first-aid. If it is not possible to reach the doctor named above or receive our instruction for their care, consent is hereby given to any licensed physician and /or surgeon called, or to whom the child is taken for treatment by, to administer drugs and medicine, and to perform such procedures as he/she shall think the existing emergency requires for the relief of pain and/or life or health.

Signed: _____ Date: _____