

2025-2026



LEVEL GROVE SCHOOL
APPLICATION FOR ADMISSION
PRESCHOOL

LEVEL GROVE SCHOOL
157 OLD LEVEL GROVE ROAD
CORNELIA, GA 30531
706-778-6371
LEVELGROVESCHOOL@GMAIL.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 Throat () Yes () No
Stomach Upsets () Yes () No	Colds () Yes () No	Heart Disease () Yes () No
Diabetes () Yes () No	URI () Yes () No	Other: () Yes () No

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: _____



Train up a child in the way he should go, even when he is old he will not depart from it.

Proverbs 22:6

Photo Permission Slip

From time to time, we take pictures during school activities. We would like your permission to use these pictures on our website, in the school newsletter, on bulletin boards, and/or on our Facebook page. Pictures would be selected to highlight activities from the school day. We will not provide any specific information regarding your child.

Please take a moment to let us know your preferences regarding our use of photos of your child:

_____ YES. I grant permission to use photos of my child on Level Grove School's website, bulletin boards, newsletters, and/or Facebook page.

-OR-

_____ NO. Please do NOT use any photos of my child.

Child's Name (PLEASE PRINT)

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date: _____

Level Grove Baptist Church, Cornelia, Georgia
Level Grove School
2025/2026 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.

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.

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date

Registration Information

Child's Name: _____

Child's Date of Birth: _____

Age of Child on September 1, 2025 _____

Program You Are Applying for:

Babies/Toddlers: _____

2 Year Olds (2 days a week): _____

2 Year Olds (3 days a week): _____

3 Year Olds (3 days a week): _____

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 \$100 is due with the application. Please check the method of payment below.

*Applications will **not** be accepted without the application fee.*

A current shot record will need to be on file before school starts.

Registration Fee Payment Method

_____ Cash

_____ Check

_____ Online

Office Use

_____ Enrollment Fee

_____ Immunization