



# GRACE BAPTIST ACADEMY

Equipping the Next Generation to Accomplish God's Plan for Their Lives

## BEFORE AND AFTERCARE FORM

CARE NEEDED:  BEFORE CARE  AFTERCARE

### STUDENT(S) NAME

FIRST NAME

LAST NAME

GRADE LEVEL

GRADE LEVEL

FIRST NAME

LAST NAME

### PARENT CONTACT INFORMATION

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

STREET ADDRESS

CITY/STATE

ZIP CODE

### DAYS OF CARE NEEDED

 T W TH F

### TIME OF DROP-OFF OR PICKUP

M:

T:

W:

TH:

F:

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_/\_\_\_/\_\_\_

Updated By: \_\_\_/\_\_\_/\_\_\_