



The Starting Gate

Beautiful Gate Ministries

3 & 4 Centre Court
Palmyra, VA 22963

(434)-589-GATE
www.beautifulgate3.com

Reg Fee _____
BC _____
IMM _____
Hand _____

2021-2022 ELEMENTARY AFTERCARE REGISTRATION

Child's Legal Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Child lives with: _____ Mother _____ Father _____ Other: _____

Father's Name: _____

Employer: _____

Daytime Phone: _____ Cell Phone: _____

Mother's Name: _____

Employer: _____

Daytime Phone: _____ Cell Phone: _____

ATTENDANCE

Full Time Care **\$180.00** per month

1 Day **\$45.00** per month

2 days **\$90.00** per month

3 days **\$130.00** per month

4 days **\$175.00** per month

5 days **\$180.00** per month

Registration Fee **\$25.00**

PERSONS PERMITTED TO PICK-UP

(1.) Name: _____ Relation to Child: _____

(2.) Name: _____ Relation to Child: _____

(3.) Name: _____ Relation to Child: _____

PHYSICIAN INFORMATION

Child’s Physician: _____

Physician’s Phone Number: _____

Please list all medical concerns or information we should know about your child:

Please list all allergies that your child has or specify if they have none:

I grant personnel from Beautiful Gate Ministry’s STARTING GATE PRESCHOOL permission to obtain medical attention for my child in the case of emergency.

Parent/Guardian Signature Date

Printed Name

EMERGENCY CONTACTS (*other than Parents*)

In the event we are unable to reach a parent/guardian in case of emergency, sudden illness, or circumstance requiring a child to be picked up we will contact one of the individuals you have authorized below.

(1.) Name: _____ Relation to Child: _____

Contact Phone Numbers (*Please provide more than one number*):

_____, _____, _____

(2.) Name: _____ Relation to Child: _____

Contact Phone Numbers (*Please provide more than one number*):

_____, _____, _____