GLORY DAYS
LEARNING ACADEMY

Where Learning, Faith, and Excellence Grow Together.

STUDENT REGISTRATION PACKET

1. STUDENT INFORMATION

Student Name: _____

Date of Birth: ____ / ____ / ____ Age: _____

Gender:

(●) Male ( ) Female ( ) Prefer not to answer

Home Address: _____

_____

City: _____ State: _____ Zip: _____

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

[ ] Phone [ ] Text [ ] Email

3. EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

4. STUDENT INFORMATION

Current Grade: _____

Current School (if applicable): _____

Does your child have an IEP or 504 Plan?

(●) Yes ( ) No

If yes, please explain:

_____

_____

✦ OFFICE USE ONLY ✦

Date Received: _____

Registration Fee Paid: (●) Yes ( ) No

Program(s) Enrolled:

Registration Fee	[ ] Enrolled	[ ] N/A
Play & Learn Live	[ ] Enrolled	[ ] N/A
Online Preschool	[ ] Enrolled	[ ] N/A
In-Home Tutoring	[ ] Enrolled	[ ] N/A

Start Date: _____

Staff Initials: _____

Notes: _____

_____

5. PROGRAM ENROLLMENT

Please select all programs you wish to enroll in:

[ ] **Registration Fee – $35.00/month**
(Required – Monthly)

[ ] **Play & Learn Live – $40.00/month**
Interactive live learning sessions that make learning fun and engaging!

[ ] **Online Preschool – $100.00/month**
Faith-based online preschool with engaging lessons and activities.

[ ] **In-Home Tutoring – $80.00/month**
Personalized one-on-one tutoring in the comfort of your home.

6. IN-HOME TUTORING DETAILS

Preferred Start Date: ____ / ____ / ____

Home Address for Tutoring (if different from above):

_____

Preferred Days:

[✓] Monday [✓] Tuesday [ ] Wednesday
[ ] Thursday [✓] Friday [ ] Saturday

Preferred Appointment Times:

(●) Morning ( ) Afternoon ( ) Evening

Length of Appointment:

( ) 30 Minutes ( ) 45 Minutes ( ) 60 Minutes
( ) 90 Minutes (●) 120 Minutes

Special Instructions or Requests:

_____

7. PHOTO & MEDIA RELEASE

I give Glory Days Learning Academy permission to use my child's photograph or video for educational activities, newsletters, social media, and promotional materials.

(●) Yes ( ) No

8. PARENT AGREEMENT

I certify that the information provided is accurate to the best of my knowledge. I understand that tuition, registration fees, and program fees are subject to the policies of Glory Days Learning Academy. I agree to comply with all academy policies and procedures.

Parent/Guardian Name: _____

Signature: _____ Date: ____ / ____ / ____

♥ Thank You! ♥

We look forward to partnering with your family to provide a nurturing, engaging, and faith-centered learning experience.

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