



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

Play & Learn Live: ☒ Enrolled ☐ N/A

Online Preschool: ☐ Enrolled ☒ N/A

In-Home Tutoring: ☐ Enrolled ☐ Waitlist

Staff Initials: _____

Notes: _____



5. PROGRAM ENROLLMENT

Please select all programs you wish to enroll in:

☐ **Registration Fee – \$40.00**

(One-time fee for new enrollments)

☐ **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

In-Home Appointments Preferred:

☐ Weekdays ☐ Weekends

Preferred Days:

☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday ☐ Saturday

Preferred Time:

☐ Morning ☐ Afternoon ☐ Evening

Length of Each Session:

☐ 60 Minutes ☐ 90 Minutes ☐ 120 Minutes

Other Time or Special Requests: _____

**Appointments are based on availability. A minimum commitment of one (1) session per week is required.*



7. PHOTO & MEDIA PERMISSION

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! ★

