



**Academy Services**

Approximate date Academy care will be needed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please provide approximate days and times in which your child (ren) will be attending the Academy. Academy hours are Monday through Friday, 6am to 6pm. A full day at the Academy is a 10-hour day.**

**Session 1**

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive	_____	_____	_____	_____	_____
Leave	_____	_____	_____	_____	_____

**Session 2** (*Pertains to children that leave and return to the Academy during the same day.*)

Arrive	_____	_____	_____	_____	_____
Leave	_____	_____	_____	_____	_____

**Tuition Rates**

Please ask the Administrative Team for current tuition rates.

- Does your family qualify for Title XX? (Documentation will be requested) Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Note: The Academy **only** accepts full-time hours for Title XX, which is 30 hours a week or more.)*
- Are you a current employee of the GBT Children’s Academy? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a member of Greater Beth-el Temple? Yes \_\_\_\_\_ No \_\_\_\_\_

**Registration Fee**

A \$50 registration fee is required to be paid upon receipt of the Application for Admission. Return this form and a *non-refundable* one-time fee of \$50.00 payable to the **GBT Children’s Academy** for the first child and \$35.00 for each additional sibling. Please hand-deliver or mail your check or money order to **GBT Children’s Academy, P.O. Box 4622, Omaha, NE 68104.**

**\*\*Important Registration Information\*\***

1. The one-time Registration Fee is NON-REFUNDABLE.
2. Your child (ren) will be placed on a Waiting List the date the **completed form and fees** are received at the Academy administration office. Open positions are filled on a first-come, first-serve basis.
3. Siblings of children currently enrolled will receive priority status on the waiting list.
4. Parent requested entry dates are *approximate* as service is not guaranteed unless an opening for your child (ren) is available.

**Thank you for selecting the GBT Children’s Academy.** If you have further questions, please contact the GBT Children’s Academy at **556-4282 (GBT A)** or email us at [info@gbtacademy.org](mailto:info@gbtacademy.org)

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

***For Office Use Only***

Date Application Received: _____	Date of Registration Payment Receipt: _____
Method of Payment: ( <i>Please Circle</i> ) Check # _____	Money Order # _____ Cash
Amount Received: _____	Desired Start Date: _____
_____ Info in Database _____ Contract Comparison	_____ Orientation Scheduled for _____
_____ Calendar Dates _____	Administrative Team Initials: _____