



Grace Baptist Christian School

P. O. Box 578
Powder Springs, GA, 30127
(678) 384-6947

ADMISSION POLICY AND PROCEDURES NURSERY – K4

A student may be admitted to Grace Baptist Christian School only after established requirements and conditions have been fulfilled. A student or family who does not cooperate or agree with the purpose and program of the school will not be admitted or allowed to remain in the school. **GBCS requires that all students be the appropriate age (on or before September 1st) for the class they are applying for.** Grace Baptist Christian Nursery and Preschool cannot accept any student who cannot benefit from our academic program or who interferes with another student's benefiting from our program.

1. A completed application, all required paperwork, as well as the \$100.00 **non-refundable** application fee, **MUST** be received before an interview will be conducted. Application forms are also available in the school office and will be provided upon request.
2. **Interview (K2-K4 Only):** A personal, confidential interview will be scheduled. Both the parent(s) (and/or legal guardian) as well as the prospective student(s) must be in attendance for this interview. Again, this interview will **NOT** be conducted until the required application process above is fulfilled
3. Parent(s) and/or legal guardians will be notified as soon as possible regarding the student's acceptance. No acceptance will be finalized until all applicable documentation has been received, all necessary fees paid in full, and an appointment is scheduled with our Financial Director.
4. After your final acceptance to GBCS, please be aware that you are responsible for the Early Withdrawal Fee if you choose for your child/children to not attend GBCS.

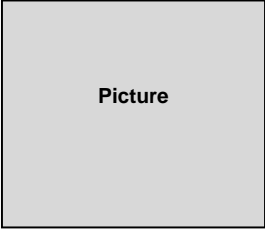
STUDENT DRESS CODE

Uniform clothing is required for all students in K2-K4. All uniform shirts worn by our students must be purchased through our school clothing suppliers Uniform Depot and/or Buckhead Uniforms and **MUST** have the correct GBCS logo. We will also offer parents the convenience of purchasing/ordering required uniforms from our Spirit Store, located in the school, as well as, a portable store in the Preschool building. Pants, skirts, shorts, and skorts may be purchased at your retailer of choice provided they are in the approved length and colors of navy and khaki.

Our complete uniform requirements are published by Uniform Depot and Buckhead Uniforms. These brochures are available in the school office.

Uniform Depot
2141 North Cobb Pkwy.
Kennesaw, GA 30152
770/919-9967
www.schooluniformdepot.com

Buckhead Uniforms
6311 Roswell Rd.
Atlanta, GA 30328
404/303-8600
www.buckheaduniforms.com



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Office Use:
 School Code: _____
 Date of Enrollment: _____
 Date of Termination Status: _____

APPLICATION FOR NURSERY – K4 STUDENT ENROLLMENT

STUDENT INFORMATION

Full Name _____ Male _____ Female _____
 First Middle Last

Name To Be Called In Class _____ Grade Applying For _____ Current Age _____

Address _____
 Street Address City State/ZIP County

Home Phone _____ Home Email: _____ SS # _____ Date of Birth _____

Parent/Guardian Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Widowed

Student Resides With (check all that apply): Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Guardian _____

List family members your child resides with (include names, relationship and ages of children (if any))

Child Last: _____ Stayed with Parent/Family _____ Home Daycare _____ Daycare Facility _____

Name of Daycare: _____ Phone # _____

PRIMARY CONTACT INFORMATION

Parent (Guardian) #1 _____ Relationship to Child _____

Home Address (if different from student) _____ Phone # (if different from student) _____

Work Phone # _____ Cell Phone # _____ E-Mail Address _____

Employer _____ Position / Occupation _____ Work Hours _____

Parent (Guardian) #2 _____ Relationship to Child _____

Home Address (if different from student) _____ Phone # (if different from student) _____

Work Phone # _____ Cell Phone # _____ E-Mail Address _____

Employer _____ Position / Occupation _____ Work Hours _____

RELIGIOUS INFORMATION

Church Family Currently Attends _____

Pastor's Name _____

Address _____

Street

City

State/ZIP

Phone #

The Mission of Grace Baptist Christian School is to help students and families establish and develop their personal relationship with Jesus Christ.

How are parent(s)/guardian(s) accomplishing this goal in their own lives? _____ Regular Bible Reading _____ Church Attendance

_____ Sunday School Attendance _____ Praying _____ Other _____

Ways parent(s)/guardian(s) are using their time, talent and treasures to serve God. _____ Visitation _____ Tithing _____ Mission Trips

_____ Teaching Sunday School _____ Singing in the Choir _____ Working with Youth _____ Other _____

Ways parent(s)/guardian(s) are encouraging the development of their child/children's spiritual growth. _____ Family Devotions _____ AWANA

_____ Reading Bible Stories _____ Praying with Children _____ Church/Sunday School Attendance _____ Other _____

MEDICAL INFORMATION

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____

Medication that will be administered regularly at school: _____

Is your child able to walk? Yes No Explain: _____

Can your child effectively communicate his/her needs: Yes No Explain: _____

Is your child toilet trained: Yes No Students going into our K3 and K4 programs are required to be fully toilet trained (even at rest time).

Please provide special instructions concerning any illness, as necessary: _____

Allergies (please check and list all that apply):

_____ Medications Name: _____ Reaction: _____

_____ Food Name: _____ Reaction: _____

_____ Other _____ Reaction: _____

Is an Epi-Pen or Benadryl required on property for emergency treatment? Yes No (Parents MUST provide)

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions: _____

Does the applicant have a current Georgia Certificate of Immunization (#3231)? Yes No If no, parent(s) MUST obtain a current Certificate of Immunization before consideration for enrollment may be given.

Per state regulations, a written statement is required from your Pediatrician for waiver of immunization requirements.

Please initial below.

_____ *We (I) understand that we (I) will be notified should my child become ill during the school day, and that I will pick up my child promptly, or make arrangements for an authorized contact person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school immediately and I understand that my child will be readmitted according to the GBCS illness policy.*

_____ *In case emergency treatment is necessary, your child will be transported to Wellstar Cobb Hospital. This facility has been selected, due to proximity to the school, as our primary medical resource.*

GENERAL INFORMATION

How did you hear about GBCS? _____

Why do you want your child to attend GBCS? _____

Other Children in the Family Applying to GBCS:	Grade	Other Children in the Family <u>Not</u> Applying to GBCS:	Grade
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____

EMERGENCY CONTACT INFORMATION

Please notify the school if an emergency release person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide government-issued photo identification at the time of pick up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name #2: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name #3: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Please read and initial below.

_____ The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency.

_____ Emergencies may prevent you from picking up your child; therefore, include those individuals above whom you would authorize in such events. School staff will release your child only to you or to those persons you have listed above. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity and your written request will be required on your next visit.

_____ For all children's safety, it is critical for you to escort your child in and out of the preschool building and to check your child/children in at the receptionist upon entering the building. You will be required to show either your child's Security ID Card or your government-issued photo identification in order to pick up your child/children or to enter the classroom area.

_____ Please notify emergency contacts that they must bring government-issued photo identification when they pick up your child.

_____ If you must pick up your child after closing time, you will be charged a late fee of \$25.00, and \$1.00 for every additional minute after the first 15 minutes. (Payment due at time of pick up). Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact the Nursery/Preschool office for additional information.

_____ We (I) understand that the policies listed on the Application are not an all inclusive list of policies, and that my child/children, my family members, and we (I) are bound by State Childcare Regulations, the Parent/Student Handbook, and all other GBCS policies which may be modified at any time without notice. I further understand that my continued enrollment constitutes my acknowledgement of and agreement to abide by all policies and State Regulations.

_____ No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change to which both GBCS and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

The information provided in this application is to the best of our (my) knowledge complete, accurate, and true. We (I) understand it is our (my) responsibility to notify GBCS immediately should any changes occur to the information provided in this document. We (I) agree to abide by all policies of Grace Baptist Christian School. We (I) understand the Application fee is non-refundable when paid.

Father (Guardian) Signature

Date

Mother (Guardian) Signature

Date



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STATEMENT OF FAITH

We believe there is one God, eternally existent in the Person of Father, Son, and Holy Spirit. He is infinite in wisdom and power and is completely sovereign over all creations.

We believe the Bible to be the inspired, inerrant, infallible and only Word of God. The Bible is the final authority of all matters as far as the truth of God is concerned and cannot be interpreted apart from the illumination given by the Holy Spirit.

We believe in the virgin birth and deity of the Lord Jesus Christ, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal, pre-millennial return in power and glory.

We believe that salvation is possible only through the Person of Jesus Christ. The Holy Spirit draws and convicts sinful man to repentance and total faith in Christ. Upon salvation through Christ man is redeemed. His account is settled and his name is written in the Lamb's Book of Life preserved their by Christ for eternity.

We believe in the resurrection of both saved and the lost: they are saved unto the resurrection of the pre-tribulation coming of Christ and they that are lost unto the resurrection of damnation.

We believe that the church is the local body of baptized believers who work together under the direction of the Holy Spirit to carry out these primary functions of the church: Exalt the Savior, equip the saints and evangelize the sinner – this to be done both locally and worldwide through appropriate opportunities. The Church is provided gifts from the Holy Spirit through its membership which enables it to carry out the full work of which it is called.

We believe in the present ministry of the Holy Spirit. As the third Person of the Trinity, He is God who indwells the heart of the redeemed man and works to bring the saint into fullness of the will of God. The Holy Spirit draws man into salvation and convicts of sin.

We believe the Bible gives clear definition of the kind of life-styles that are abominable to God and we embrace and agree with God that Homosexuality, Lesbianism, Fornication, and Adultery are truly reflective of a person that does not agree with God about sin and stand firmly against such un-godly practices. We also believe that God has commanded that no intimate sexual activity should be engaged in outside of a marriage between a man and a woman.

MISSION STATEMENT

To help prepare each young person to accept God's purpose for their life and provoke them to pursue that plan with a passion. To educate, equip, and engage them in the life-long mission of bringing glory to God.



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Family Commitment

Nursery – K4

1. As parent(s) or guardian(s), we (I) accept the responsibility God has given us (me) to instruct our (my) child(ren) in the ways, words, and wonders of God (Deuteronomy 11:18-22). We (I) promise to provide a home environment that is based on godly principles found in the Bible.
2. We (I) have carefully examined and agree with the Mission and Faith Statements of Grace Baptist Christian School and desire the school to work with us (me) in the total education of our (my) child(ren).
3. In full cooperation with the school, we (I) will regularly attend the Parent-Teacher Fellowship meetings and other functions requiring our (my) participation.
4. We (I) pledge our (my) loyalty to the aims and ideals of the school, agree to abide by all policies of GBCS and will direct any criticisms to the appropriate person.
5. We (I) understand and accept the fact that the Administration has the responsibility and freedom to determine when it is in the student's and/or school's best interest for a student to withdraw. If this is determined in the case of our (my) family, we (I) will cooperate and support the decision to withdraw as quietly as possible, avoiding involvement with those not involved.
6. We (I) understand that new students are admitted under probation for one semester after which the Administration will review the student for: 1) elimination of probation, 2) extension of probation, or 3) dismissal.
7. As parent(s) or guardian(s), we (I) agree to work closely with the school in helping the students to learn and to solve their school related problems.
8. We (I) understand that Grace Baptist Christian School is a non-profit ministry operating on the principle of faith. Tuition is kept as low as possible to make Christian education available to those who desire it for their child(ren). Tuition and fees do not cover all operating costs. Additional funds and needs must be met with fundraising programs and gifts from families, alumni, as well as, foundations and corporations. These gifts should be in addition to our (my) tithe to our (my) local church. Grace Baptist Christian School asks that each parent/guardian purpose to give, as regularly as God provides, to meet the financial needs, to perform services when needed and to uphold the school consistently in prayer.
9. We (I) understand and agree that our (my) child will be required to wear the school uniform chosen by Grace Baptist Christian School (K2-K4 students only).

We (I) have read the Family Commitment and hereby agree to its terms.

Father (Guardian) Date

Mother (Guardian) Date



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**Activity Agreement
Emergency Medical Agreement**

Nursery – K4

We (I) grant permission for our (my) child to participate in all school activities including school sponsored trips away from the school premises and as consideration for the benefits derived, we (I) absolve the school and its representatives and agents from liability to us (me) or our (my) child because of injury to our (my) child at school or during any school activity. We (I) further authorize the school to secure necessary emergency medical attention for our (my) child in the event of an injury at school or on a school sponsored trip away from the school. We (I) understand all charges for such treatment are our (my) responsibility to pay. We (I) will take full responsibility for our (my) child's behavior and will stand behind any disciplinary action taken by the school.

Should our (my) child become ill during the time that he/she is in the care of Grace Baptist Christian School or suffer an accident of any type, Grace Baptist Christian School will make every attempt to contact us (me). In the event Grace Baptist Christian School is unable to reach us (me) immediately, it shall be authorized to secure such medical attention and care for our (my) child as may be deemed necessary.

Pediatrician/Doctor's Name: _____

Phone Number: _____

Health Insurance Provider: _____

Policy #: _____ Group #: _____

Father (Guardian) Date

Mother (Guardian) Date



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Financial Information Agreement 2010-2011 Nursery – K4

Please initial applicable section listed below, indicating your agreement to pay the specified amount.

			<u>Weekly Tuition</u>
_____	Nursery	First Child	\$160.00
		Each Add'l Child*	\$152.00

			<u>Weekly Tuition (Aug-May)</u>
_____	K2-K4	First Child	\$160.00
		Each Add'l Child*	\$152.00

*Five percent (5%) multiple child discount applies to tuition only.

A Summer Camp Program is offered for students entering K2-K4. Please contact the Preschool Office for details.

Enrollment Dates and Fees:

February 1, 2010	Open Enrollment for New Students	\$100.00 Per Student
June 1, 2010	First Half of \$150.00 Material Fee (Nursery)	\$ 75.00 Per Student
	First Half of \$250.00* Matriculation Fee (K2-K4)	\$125.00 Per Student
August 1, 2010	Second Half of Material Fee (Nursery)	\$ 75.00 Per Student
	Second Half of Matriculation Fee (K2-K4)	\$125.00 Per Student

Material Fee (Nursery- 6 weeks thru 23 months): Fee includes student accident insurance, ACSI membership dues and activity supplies.

Matriculation Fee (K2-K4): Fee includes the following: Abeka workbooks, curriculum required supplies, ACSI membership dues, InfoDirect, student accident insurance, yearbook, Spanish, music, a GBCS identified book bag, etc.

Material and Matriculation Fees must be paid to Mrs. Karen Blalock, GBCS Financial Director.

Please initial below to indicate your compliance.

_____ **The above weekly tuition fee includes: Childcare 6:30am – 6:30pm, Monday through Friday, morning snack, afternoon snack and a hot daily lunch (as applicable).**

_____ **There is no reduction in tuition for absenteeism or holidays. See calendar for school closings.**

_____ **In case of inclement weather, announcements will be made on local TV and radio stations.**

_____ **Students enrolled are also eligible for one free vacation week per year. Notification of requested free week must be submitted in writing one week in advance.**

_____ **Accounts that are one week past due will result in the school administration placing the account on probation.**

_____ **Accounts that are over two weeks past due may result in Grace Baptist Christian School removing your child from enrollment.**

Additional Fees:

Late Tuition Payment	\$15.00 (after Wednesday of each week)
Returned Check	\$40.00
Nursery Early Withdrawal Fee	\$300.00 per student (if no two week notice is given)
K2 – K4 Early Withdrawal Fee	\$500.00 per student
Late Pick-up Fee	\$25.00 for any child not picked up by 6:30pm \$ 1.00 for every additional minute after the first 15 minutes. (Due at time of pick up).

Options of payment are: Check, credit card, or cash. If you pay using a credit card (American Express, Discover, VISA or MasterCard), you will be charged a fee of 3% of the amount charged.

Father (Guardian) Date Mother (Guardian) Date or Person(s) Responsible for Financial Commitment Date



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Tuition Payment Preference Form 2010-2011 Nursery – K4

This form must be completed by all parents/guardians with students attending Grace Baptist Christian School for the 2010-2011 school year before enrollment can be complete.

Father (Guardian) Mother (Guardian) or Person(s) Responsible for Financial Commitment

Address: _____

City _____ State _____ Zip _____

Name of Student: _____

Tuition for the 2010-2011 school year will be paid by: (choose only one payment option)

_____ **Option 1 Payment in Full**

Single payment due on or before July 1, 2010. This option entitles the responsible party to a five percent (5%) discount. **Discount will be voided if payment is not received by June 30, 2010.** Must be paid directly to Grace Baptist Christian School.

_____ **Option 2 Monthly Payments**

Monthly payments are allowed if paid in full before the first of each month.

_____ **Option 3 Weekly Payments**

Weekly fee must be paid each Monday to retain the student's space. If payment is not received by Wednesday, a \$15.00 late fee will be assessed.

PLEASE NOTE: There is no reduction in tuition for absenteeism or holidays.

This section will be completed at your appointment with the Financial Director.

Please initial the following:

_____ ***I agree to pay GBCS the amount of \$ _____ tuition for the 2010-2011 school year.***
(Amount will be filled by Financial Director)

*It is the expectation of Grace Baptist Christian School for every family to maintain a current financial balance. Accounts that are one week past due will result in the school administration placing the account on probation. Accounts that are over two weeks past due may result in Grace Baptist Christian School removing your child from enrollment. We (I) further agree to pay all costs of collection, including costs of a collection agency if the account is turned over to a collection agency, and including 15% attorney's fees in the event this balance is turned over to an attorney. It is agreed that this agreement will be governed under the law of the State of Georgia. Grace Baptist Christian School has the option of pursuing an action under this agreement in any court of competent jurisdiction in the State of Georgia and we (I) consent to jurisdiction in the State of Georgia. Re-enrollment of student would be determined by available space. Parent(s)/guardian(s) of any student who is withdrawn early from school will be required to pay an Early Withdrawal Fee per student. The only exceptions considered must be submitted in writing by student's parent/guardian and then approved by the administration. **After a student(s) final acceptance for enrollment to Grace Baptist Christian School, you will be responsible for the Early Withdrawal Fee if you choose for your child/children to not attend Grace Baptist Christian School for 2010-2011 school year.***

Therefore, we (I) the undersigned, being the parent(s)/guardian(s) or responsible person(s) responsible for financial commitment of a student/students enrolled at Grace Baptist Christian School do hereby agree to the above-stipulated Financial Agreement.

Father (Guardian) Date Mother (Guardian) Date or Person(s) Responsible for Financial Commitment Date



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INFANT/TODDLER FEEDING SCHEDULE

Child's Name _____ **Date of Birth** _____

Liquids

Does child take bottle? Yes [] No []
What does child drink? Breast Milk [] Formula [] Whole Milk [] Juice []
Is the bottle warmed? Yes [] No []
How should bottle be warmed? Microwave [] Bottle Warmer [] Other [] _____

Does the child hold own bottle? Yes [] No [] *Brand and Type of Formula* _____

Amount of formula to be given at each feeding: _____
Updated Amount: _____ Date: _____
Updated Amount: _____ Date: _____
Updated Amount: _____ Date: _____

Foods

What does child eat? Strained Foods [] Baby Foods [] Table Foods [] With Hands or Spoon? _____
Can child feed self? Yes [] No [] Other [] _____
Food likes: _____
Food dislikes: _____
Allergies (include any premixed formula): _____

What happens if they have an allergic reaction? _____
Instructions for the introduction of solid foods: _____

Updated instructions regarding adding new foods or other dietary changes, please list as needed:

Pacifier

Does child take a pacifier? Yes [] No [] When? _____

Reminder: Children shall not be permitted to wear around their necks or attach to their clothing pacifiers or other hazardous items.

Meal and Nap Schedule

Breakfast _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Snack _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Lunch _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Snack _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Dinner _____ (Approximate Time)	_____ (Types and approximate amounts of food)
Morning Nap _____ (Approximate Time)	Afternoon Nap _____ (Approximate Time)

Parent/Guardian Signature _____ **Date** _____



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CHILD PROFILE NURSERY – K4

Name: _____

Age: _____

You know your child better than anyone. You have observed your child on a day to day basis and are the best person to share your insight about your child's development with us. Please take a moment to complete this profile as the information you give us will help us know your child better and give us the ability to meet his/her individual needs.

What would you like most for your child to experience at GBCS? _____

What does your child enjoy doing the most? _____

What are your child's favorite toys? _____

Is there someone else who helps primarily care for your child, i.e., grandparent, etc.? _____

What language is primarily spoken in your home? _____

Is there a secondary language spoken in your home? _____

Does your child have any medical needs? _____ If yes, please explain. _____

What are the foods your child likes best? _____

Least? _____

What are your child's mealtime routines at home? _____

How many hours of sleep does your child receive at night? _____

What is your child's sleeping arrangements. Please select from the following.

Own Room Shares Room with _____ Sleeps in Crib Sleeps in Bed

What are your child's bedtime rituals? _____

Does your child take naps? Yes No How long? _____

Does your child need a favorite item, such as a blanket, for a nap? Yes No If so, does your child have a special name for it? _____

What words are spoken in your house for toileting? _____

How does your child express anger or react to frustration? _____

Does your child have any particular fears? _____

How does your child react to change, such as being left by parents? _____

How does your child comfort themselves? _____

What are your child's play interests (preference for creative, dramatic or construction play)? _____

How do you discipline your child? _____

When did your child begin to use language? _____

How would you describe your child's personality characteristics? _____

What do you enjoy the most about your child? _____

Is there anything else in your child's experience you would like to share with us? _____



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Application Checklist Nursery – K4

- 1) Completed Application for Student Enrollment (**all** questions answered, signatures and dates where required).
- 2) _____ \$100.00 (cash or check - **non-refundable** Enrollment Fee)
- 3) Signed and dated:
_____ Family Commitment Agreement
_____ Activity/Emergency Medical Agreement
_____ Financial Information Agreement
_____ Tuition Payment Preference
- 4) _____ Current Immunization Certificate (Form #3231)
Must include Varicella (Chicken Pox) documentation
- 5) _____ Copy of Certified Birth Certificate
- 6) _____ Copy of Social Security Card
- 7) _____ Copy (front and back) of Student's Insurance Card
- 8) _____ Copy of Each Parent/Guardian's State Driver's License or State ID Card
- 9) _____ Infant/Toddler Feeding Schedule (Nursery Only)
- 10) _____ Child Profile