



•805 Sherron Road•Durham, NC 27703•919-596-1252•  
•www.groveparkchapel.com•

*Child must be aged 2, 3, or 4 by August 31, 2013*

Child's Name: \_\_\_\_\_ Name called (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Parents/Guardians:**

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Mother's work place: \_\_\_\_\_ Father's work place: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Physician:**

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

**Persons Authorized to Pick Up Your Child:**

(If you cannot pick up your child, please give the name(s) of persons to whom your child can be released.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contacts: (If the parents cannot be reached)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any known allergies such as food, medications, animals, etc.? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has your child had chicken pox? \_\_\_\_\_ Vaccination? \_\_\_\_\_ When? \_\_\_\_\_

What information could you give us that would help your child to be more comfortable in our program (such as: playing habits, fears, likes or dislikes): \_\_\_\_\_

Where does your family attend church? \_\_\_\_\_

Explain/List your family's involvement in your Church's activities: \_\_\_\_\_

**In signing this application, I/we acknowledge my/our commitment to:**

- 1. Support the Christian philosophy of education as taught at GPCP**
- 2. Attend parent meetings and lend support to the program**
- 3. Volunteer time, talent and treasure as able when requested**
- 4. Pay tuition when due or make financial arrangements through the Director**

I have read the Preschool Registration information letter and the Parent/Student Handbook, and I understand the nature of the program and my responsibilities as a part of GPCP. I agree to follow the guidelines set forth and any additional guidelines that may develop as this program evolves. I have attached the NONREFUNDABLE REGISTRATION FEE of \$75.00 for new students and/or \$45.00 for returning students.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Morning Program (9am-12pm) Tuition Agreement for Sept, 2013 - May, 2014**

Acceptance of this registration form and the fee of \$75.00 for new students and \$45.00 for returning students will reserve your child a place in the GPCP program. In return, we expect that you will honor your enrollment for the 2013 - 2014 school year, unless your family moves, or unusual circumstances make it mutually advantageous for your child to leave the program and therefore dissolve the contract.

In the event that I remove my child from the program earlier than stated above, I will give a two (2) week notice and pay for the time.

I, the parent/guardian of \_\_\_\_\_, agree to pay the following monthly tuition amount no later than the 5th day of each month, unless other arrangements have been made. I also agree to pay a one-time, \$35 supply fee no later than the 5<sup>th</sup> of September, 2013.

**Morning Program (9am-12pm)**

\_\_\_\_\_ \$165.00/month for the two day, **2-year-old** class that meets (choose one):  
\_\_\_\_\_Monday and Wednesday \_\_\_\_\_Tuesday and Thursday

\_\_\_\_\_ \$250.00/month for the four day **2-year-old** class that meets four days a week:  
Monday - Thursday.

\_\_\_\_\_ \$205.00/month for the three day, **3-year-old class** that meets:  
Monday, Tuesday and Thursday.

\_\_\_\_\_ \$250.00/month for the four day, **3-year-old class** that meets:  
Monday - Thursday.

\_\_\_\_\_ \$250.00/month for the four day, **4-year-old PreK class** that meets:  
Monday - Thursday.

\_\_\_\_\_ \$300.00/month for the five day, **4-year-old PreK class** that meets:  
Monday - Friday.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or legal guardian responsible for payment)