



• 805 Sherron Road • Durham, NC 27703 • 919-596-1152 •

• www.groveparkchapel.com •

Child must be aged 2, 3, 4, or 5 by August 31, 2010

Child's Name: _____ Name called: _____

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 \$60.00 for new students and/or \$30.00 for returning students.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Parent Substitution:

I am interested in substituting in the event of a teacher emergency in exchange for a \$25 tuition credit. Yes _____ No _____

Available Parent or Guardian's Name: _____



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Morning Program Tuition Agreement for 2010-2011

Acceptance of this registration form and the fee of \$60.00 for new students and \$30.00 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 2010 - 2011 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 amount...

_____ \$150.00/month for the **2-year-old** class that meets: Tuesday's and Thursday's.

_____ \$150.00/month for the **2-year-old** class that meets: Monday's and Wednesday's.

_____ \$240.00/month for the four day **2-year-old** class that meets four days a week: Monday's – Thursday's.

_____ \$190.00/month for the **3-year-old class** that meets: Monday's, Tuesday's, and Thursday's.

_____ \$230.00/month for the **3-year-old class** that meets: Monday's – Thursday's.

_____ \$230.00/month for the four day **4-year-old class PreK** that meets: Monday's – Thursday's.

on the first preschool day of each month, unless other arrangements have been made.

Signed: _____ Date: _____

(parent or legal guardian responsible for payment)



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Afternoon Program Tuition Agreement for 2010-2011

Acceptance of this registration form and the fee of \$60.00 for new students and \$30.00 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 2010 - 2011 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 amount...

_____ \$230.00/month for the **3-year-old class** that meets: Monday's – Thursday's (limited to 6 students).

_____ \$230.00/month for the four day **4-year-old class PreK** that meets: Monday's – Thursday's (limited to 8 students).

on the first preschool day of each month, unless other arrangements have been made.

Signed: _____ Date: _____

(parent or legal guardian responsible for payment)