



●Grove Park Chapel Preschool ● 805 Sherron Road ●Durham, NC 27703 ● 919-596-1152●

●www.grovesparkchapel.com ●

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

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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 \$70.00 for new students and/or \$45.00 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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## Tuition Agreement for 2010-2011

Acceptance of this registration form and the fee of \$70.00 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 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.

\_\_\_ \$240.00/month for the four day **2-year-old** class that meets four days a week: Mon - Thurs.  
(Please check if interested in all four days. We must have minimum of 6 children register for us to open the class for all four days.)

\_\_\_ \$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)