



●605 Sherron Road●Durham, NC 27703●919-596-1252●  
●www.groveparkchapel.com/preschool●

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

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: \_\_\_\_\_

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 ever been asked to leave a preschool? Yes \_\_\_ No \_\_\_ If yes, please 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 \$80.00.

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



**Morning Program (9am-12pm) Tuition Agreement for September - May**

Acceptance of this registration form and the fee of \$80.00 will reserve your child a place in the GPCP program. In return, we expect that you will honor your enrollment for the 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, \$75 supply fee no later than the first week of September.

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

\_\_\_\_\_ \$212.00/month for the two day, **2-year-old** class that meets (choose one):

\_\_\_\_\_ Monday and Wednesday      \_\_\_\_\_ Tuesday and Thursday

\_\_\_\_\_ \$302.00/month for the four day, **2-year-old** class that meets four days a week: Monday – Thursday.

\_\_\_\_\_ \$255.00/month for the three day, **3-year-old class** that meets:

Tuesday - Thursday.

\_\_\_\_\_ \$302.00/month for the four day, **3-year-old class** that meets:

Monday – Thursday.

\_\_\_\_\_ \$302.00/month for the four day, **4-year-old PreK class** that meets:

Monday – Thursday.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian responsible for payment)