



# 2018-2019 Registration Information

## What classes do you offer?



9 am to 12 pm for the following ages

- Toddlers (9 months +)
- 2 years
- 3 years
- 4 years/Pre K

Tuition cost per month for:

- 2 days a week - \$135 (T/Th)
- 3 days a week - \$155 (M/W/F)
- 5 days a week - \$185 (M-F)

\*A minimum enrollment is required for each class session. If we are unable to offer any of the above classes due to low enrollment, you will be notified with an alternate age appropriate class suggestion.

## How do I enroll?



Complete and mail the following documents to the Preschool Director:

1. Enrollment Form (2 pages)
2. Documentation of Immunizations (an attached copy of immunization records from your physician is fine)
3. Non-refundable deposit for \$35.00 (\$5 discount for additional children in the same family) made payable to Grace House Preschool

Send Enrollment Form and fee to:  
Grace House Preschool/Enrollment  
360 Hopkins Road  
Kernersville, NC 27284

## Tuition and Activity Fee



Notification of enrollment and class will be mailed by May 30, 2018. September's tuition and the one-time non-refundable activity fee (\$75/\$85 for 4/Pre-K) will be due the first day of school. Tuition is due the 1<sup>st</sup> of every month and is considered late after the 10<sup>th</sup>. Late payments will incur a late payment penalty. There is a \$25 fee for all returned checks. GHP reserves the right to terminate enrollment should an account become overdue. Parents must notify the Director in writing, thirty days in advance of withdrawal for any reason. If withdrawal occurs after the first of the month, that month's tuition is charged as scheduled.

## Scholarship Information



Scholarship Applications (see attached) due: **April 30**  
Send Scholarship Application to:  
Grace House Preschool Scholarship Committee  
360 Hopkins Road  
Kernersville, NC 27284

Notification of scholarship awards will be mailed prior to the 2018-2019 school year. See application for necessary documentation. Grace House Preschool does not discriminate based on race, color, national, or ethnic origin.

If you have any questions, please contact the Preschool Director, Lori Dell'Arena, at (336) 993-1305 x12.

### MISSION STATEMENT:

Grace House Preschool exists to focus attention on God's grace as He transforms us into a community that delights in Him, is marked by selfless care for others, and proclaims the gospel of Jesus Christ with gospel-transformed words, relationships, vocations, and lifestyles resulting in the transformation of the communities of the Triad and the world.

Care is taken to work with children according to recognized standards for childcare and early education. We seek to promote creativity, to expose children to learning through play, unit lesson studies, art, music, etc. We want to help them learn values and ideals through being exposed to Christian beliefs and be the person God intended for each of them. The emotional, social, physical and intellectual development of each child is the major goal of the staff. In other words, the total personal development, according to his/her individual abilities and needs, is our primary concern.

Grace House Preschool supports the "parent-child" relationship. Our job is not to take the place of or compete with the child's family. The teachers will be a supportive agent to help further a warm relationship between parent and child. We recognize that parents are the most important people in the lives of their children.



FOR ADMINISTRATIVE USE ONLY  
Reg Fee \_\_\_\_\_ Ck #/Cash \_\_\_\_\_  
Rec'd by \_\_\_\_\_ Date \_\_\_\_\_

### Enrollment Form 2018/2019

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of **8/31/18** \_\_\_\_\_

Enrolling for: (please circle one) 2 days a week (TTh) 3 days a week (MWF) 5 days a week (M-F)

**Note: Pre K/4 yr old classes are only offered 3 or 5 days a week.**

#### CHILD

Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have previous preschool experience? Yes / No

If yes, please describe \_\_\_\_\_

#### PARENTS / GUARDIANS

Name (father) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name (mother) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status of Parents: \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Foster

#### SIBLINGS

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Other people in the home (names, relationship to child) \_\_\_\_\_

Would you like to be on the GHP email distribution? \_\_\_\_ Preschool Info \_\_\_\_ Consignment Sale Info

May we print you name, address, and telephone number on your child's classroom buddy list? \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member \_\_\_\_\_

**ATTACH IMMUNIZATION RECORDS**

**MEDICAL/EMERGENCY CONTACT INFORMATION**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's/Guardians Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Plan and Number \_\_\_\_\_

Immunizations current (please attach copy) \_\_\_\_\_ YES \_\_\_\_\_ NO

Allergies or Other Medical Conditions \_\_\_\_\_

Emergency Contact (friend/relative) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT AND CARE**

I, the undersigned, give permission to the staff of Grace House Preschool to act on my behalf in my absence or in emergency situations to obtain medical treatment for my child. I agree to accept full responsibility for the payment of all ambulance, hospital, and physicians' bills and charges for any services rendered. In case of accident, injury, or other emergency, I will hold Grace House Preschool, its officers, staff, members, and employees harmless and not liable for any direct or indirect consequences of securing emergency treatment as described herein.

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian)

**PICK-UP AUTHORIZATION**

The following people have permission to pick up my child from school. I understand that my child cannot be released to anyone except parents, guardians or the persons authorized below. I agree to notify Grace House Preschool if my family situation changes the ability of any parent, guardian or authorized person to pick up my child.

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

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

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

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

**STUDENT PHOTO RELEASE AUTHORIZATION** – Photographs of the children participating in our program may be taken from time to time under the supervision of the Director and staff. These photos may appear on a bulletin board, in newsletters, in brochures, on our website, or in other publicity materials.

- \_\_\_\_ I **GIVE** permission to use pictures of my child in school-related activities as noted above.
- \_\_\_\_ I **DO NOT** give permission to use pictures of my child in school-related activities as noted above.
- \_\_\_\_ I **GIVE** permission to show my child's work (Ex. artwork, projects) in printed or electronic publications.
- \_\_\_\_ I **DO NOT** give permission to show my child's work (Ex. artwork, projects) in printed or electronic publications.

**TUITION PAYMENT AGREEMENT –**

- \_\_\_\_ I agree to pay my child's tuition on or before the 1st of every month, September through May.
- \_\_\_\_ I understand that my tuition is considered late after the 10th of every month and agree to pay a \$10 late fee.
- \_\_\_\_ I understand that I will be charged a \$25 fee for any returned check.
- \_\_\_\_ I understand that GHP reserves the right to terminate enrollment should my account become overdue.
- \_\_\_\_ I understand that I must notify the Director in writing, thirty days in advance of withdrawal for any reason. If withdrawal occurs after the first of the month, that month's tuition will be charged as scheduled.

Child's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Grace House Preschool Scholarship Application 2018/2019

Grace House Preschool values and supports families. We are pleased to offer our families a comprehensive scholarship program. Our ability to offer scholarships is dependent upon the financial condition of our preschool and available scholarship funds. Scholarship awards cover one academic school year (September – May).

### CRITERIA

The number of scholarships awarded, as well as the percentage value of each individual scholarship is based on the following criteria:

1. The availability of scholarship funds
2. The number of scholarship applicants
3. The family's size and need
4. Participation in fundraiser activities (i.e. Consignment Sale)
5. Prior year's account status.

Families are given the opportunity to describe the special circumstances that affect their ability to pay full tuition on this application. Scholarship families with more than one child enrolled in Grace House Preschool may be awarded a scholarship for each child based on the need and there is scholarship money available (**fill out one application for each child**).

Scholarship recipients should notify the Scholarship Committee if their financial situation improves mid year lessening their need for assistance.

As in years past, scholarship fund raising events (ie Consignment Sale) are critical to being able to maintain any scholarship funds in the future, it is expected that those who benefit from the scholarship fund will participate in future fund raising efforts.

### APPLICATION PROCESS

Scholarships for the following school year are applied for during the preceding spring enrollment period. Enrollment is determined first, independently of the scholarship requests. Recipients will be notified of awards before being asked to make a financial commitment to the preschool. Families who find themselves in need mid-year are encouraged to apply at that time.

### CONFIDENTIALITY

Scholarship applications are kept strictly confidential and are reviewed solely by the Scholarship Committee, which does not include any GHP board member, director, or teachers. Scholarship decisions will be communicated to applicants by mail.

### SCHOLARSHIP APPLICATION DEADLINE

April 30, 2018

### MAIL COMPLETED SCHOLARSHIP APPLICATIONS TO:

Grace House Preschool Scholarship Committee, 360 Hopkins Road, Kernersville, NC 27284.

A completed scholarship package includes a completed scholarship request form attached (1 per child) AND a copy of page 1 and page 2 of your current tax return (Form 1040).

**\*\*\*\*Please be aware that if this application is incomplete or turned in after the application deadline, it may affect consideration for scholarship\*\*\*\***

**Grace House Preschool  
Scholarship Application 2018/2019**

Scholarship applications are kept strictly confidential and are reviewed solely by the Scholarship Committee. The information on this application will be used to evaluate each request. Please add any information you feel may be helpful in considering your request. After the awards are made the applications will be destroyed. Scholarships, based on financial need and the number of qualified applicants, are awarded independently of the enrollment application process.

Enrolling for: **(please circle one)**    2 days a week (TTh)    3 days a week (MWF)    5 days a week (M-F)

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Evening phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 # of parents/guardians residing at child's address \_\_\_\_\_ # of children in family \_\_\_\_\_

**Scholarship amount requested** \_\_\_\_\_

**Describe circumstances that affect your family's current financial situation. Please state why full tuition payment may not be possible at this time. Please use other side if needed.**

\_\_\_\_\_  
 \_\_\_\_\_

<u>Spendable Monthly Income:</u>		<u>Monthly Expenses:</u>	
Gross Monthly Income	_____	Housing (mort, rent, ins, util, prop tax)	_____
Spouse's Gross Monthly Income	_____	Groceries	_____
Child Support (Receiving)	_____	Phone (Cell & Home)	_____
Aid to Dependent Children	_____	Vehicle (pmt, gas, ins, etc)	_____
Welfare (submit cc of card)	_____	Debt (credit card, college loans)	_____
Alimony (Receiving)	_____	Medical (doctors, dental, Rx)	_____
Other Income (describe)	_____	Clothing	_____
<b>Total Monthly Income</b>	_____	Charitable Giving	_____
<b>Less Taxes (federal, state, &amp; social security)</b>	_____	Child Support, Alimony (Paying)	_____
<b>Net Spendable Income</b>	_____	Childcare, Tuition, Preschool	_____
		Cable/Internet	_____
		Insurance (Life, Medical)	_____
		Other (please explain)	_____
		<b>Total Monthly Expenses</b>	_____

**What portion of the tuition do you feel your family can afford?** \_\_\_\_\_

**Did you participate with fundraiser activities in the past year?** \_\_\_\_\_

**If so, which ones and how often?** \_\_\_\_\_

**What will you participate in during the 2018-2019 school year?**

\_\_\_\_\_  
 To the best of my knowledge the information provided above is accurate. I understand that I may be requested by the Scholarship Committee to provide written verification of the information.

**\*\*\*\*\*Please attach pages 1 and 2 of your current individual tax return (Form 1040).**

Signature of parent/guardian \_\_\_\_\_ Dated \_\_\_\_\_

Please be aware that if this application is incomplete or turned in after the application deadline, it may affect consideration for scholarship.

**MAIL SCHOLARSHIP APPLICATIONS TO:**  
 Grace House Preschool Scholarship Committee, 360 Hopkins Road, Kernersville, NC 27284 prior to April 30, 2018.