

What classes do you offer?



Classes are held from 9 am to noon.

~~Toddlers (1 yr. +)~~

2 years

3 years

4 years/Pre K

Lunch Bunch 12 noon – 1 pm (optional)

~~Enrichment (art, science, music, drama, library), chapel, and family events are included in the tuition cost.~~

*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 much is tuition?



2 days a week - \$145 (T/Th)

3 days a week - \$165 (M/W/F)

4 days a week - \$180 (M- Th)

5 days a week - \$190 (M-F)

Lunch Bunch - \$5 per day (~~discount offered if paid in advance~~)

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) These can also be faxed to 336-993-1313 or sent to director@gracehousepreschool.org.
3. Non-refundable registration fee of \$45.00 (\$5 discount for each additional child in the same family) made payable to Grace House Preschool to save your spot.
4. If registering **before** April 30th, 2020 the registration fee will be \$40 per child (\$35 for each additional child in the same family).

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

Tuition and Activity Fee Policy



Notification of enrollment and class session will be mailed by May 30, 2020. 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 1st of every month and is considered late after the 10th. 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.



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

Enrollment Form 2020/2021

Date ____/____/____ Age as of **8/31/20** _____

Enrolling for: (please circle one) 2 days a week (TTh) 3 days a week (MWF) 4 days a week (M-Th) 5 days a week

Note: Pre K/4 yr old classes are only offered 3, 4, 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

Are you currently getting these emails? _____

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

Church Affiliation _____

ATTACH IMMUNIZATION RECORDS AND COMPLETE REVERSE PAGE

Enrollment Application 2020/2021

Child _____

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, our Facebook page, or in other publicity materials. Please initial the applicable statement below and specify.

- _____ I **GIVE** permission to use pictures of my child in school-related activities as noted in all of the 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 (please initial to indicate you are in 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 _____