



Now Enrolling 2018-2019

...a part-time weekday ministry of Grace Covenant
 Where children grow spiritually, emotionally, socially, and cognitively
 to his/her fullest potential

Community Enrollment

Saturday, February 10th Beginning at 8:00 a.m.

Registration is done in person and on a first come/first serve basis.

Registration form must be signed by parent.

Registration must be paid at the time of registration and is non-refundable.

Registration & Tuition Fees 2018-2019		
	Registration Fee	Monthly Tuition
2 day 2's/3's	\$160	\$205
3 day 3's/4's	\$160	\$240
4 day 4's	\$160	\$275
5 day 4's	\$160	\$320
Kindergarten	\$160	\$365

Days and Hours of Operation

Twos Monday/Wednesday or Tuesday/Thursday

Threes Monday/Wednesday/Friday or Tuesday/Thursday

Fours Monday/Wednesday/Friday or Monday thru Thursday

Monday thru Friday

9:00 am to 12:00 pm

Kindergarten Monday thru Friday 9:00 am to 1:00 pm

Lunch Bunch (Optional for ages 3 and up) Monday thru Friday 12:00 to 1:00 pm

Kids of Grace Preschool & Kindergarten
 (757) 689-2009 kidsofgrace@gcpcpa.org www.kidsofgracepreschool.org

REGISTRATION FORM - 2018-2019

Child's name _____ Birth date _____

Nickname _____ Male Female

Please indicate your FIRST (1), SECOND (2) and if applicable THIRD (3) choice preferences in the boxes below.

Class request:

- | | | |
|---|---|---|
| <input type="checkbox"/> Twos: Mon & Wed | <input type="checkbox"/> Twos: Tue & Thu | |
| <input type="checkbox"/> Threes: Mon/Wed/Fri | <input type="checkbox"/> Threes: Tues & Thurs | |
| <input type="checkbox"/> Fours: Mon/Wed/Fri | <input type="checkbox"/> Fours: Mon-Thurs | <input type="checkbox"/> Fours: Mon-Fri |
| <input type="checkbox"/> Kindergarten Mon-Fri 9:00 am-1:00 pm | | |

Parent/Guardian _____

Address _____
Street, number, etc.

_____ city state ZIP

Phone 1 _____ Phone 2 _____

Email _____

I understand that all paper work, including the health form with current immunizations signed by physician and original birth certificate must be completed and turned in to the Kids of Grace Office for my child to begin in the program. Please turn in paperwork prior to **AUGUST 17, 2018** if possible. My child's space will only be guaranteed after the non-refundable registration fee has been paid.

Parent/Guardian Signature _____ Date _____

Registration Fee for ALL Classes \$160

Non-refundable annual registration fee - amount paid \$ _____ check # _____
(Make check payable to Kids of Grace)

Received by _____ Date _____ Enrollment Pack _____