

Now Enrolling



Kids of Grace

2017-2018

(a part-time weekday ministry of GCPCPA)

Where children grow spiritually, emotionally, socially, and cognitively to his/her fullest potential

January 11th - 27th: 1st Priority-Returning KOG Students/GCPCPA Members/Staff
2nd Priority-Current KOG Siblings/GCPCPA Regular Attendees
3rd Priority-KOG Alumni

February 10th: Open to Community - 8:00AM

Registration & Tuition Fees 2017-2018		
	Registration Fee (Non-Refundable)	Monthly Tuition
2 day 2's/3's	\$160.00	\$200.00
3 day 3's/4's	\$160.00	\$235.00
4 day 4's	\$160.00	\$270.00
5 day 4's	\$160.00	\$315.00
Kindergarten	\$160.00	\$360.00

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 Monday thru Friday 12:00-1:00

(757)689-2009

Kids of Grace Preschool & Kindergarten

kidsofgrace@gcpcpa.org

www.kidsofgracepreschool.org

REGISTRATION FORM - 2017-2018

Current KOG Student GPCCPA Church Member KOG Sibling Staff Member
GPCCPA Regular Attendee Alumni Community

Child's name _____ Birth date _____
Nick name _____ Male Female

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

Class request:

- Twos: Mon & Wed Twos: Tue & Thu
 Threes: Mon/Wed/Fri Threes: Tues & Thurs
 Fours: Mon/Wed/Fri Fours: Mon-Thurs Fours: Mon-Fri
 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 by AUGUST 15, 2017 in order for my child to start in the program. My child's space will only be guaranteed after the non-refundable registration fee has been paid.

Parent/Guardian Signature _____ Date _____

Registration Fee Schedule

2 day \$160
3 day \$160
4 day \$160
5 day \$160
Kindergarten \$160

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

Received by _____ Date _____ Enrollment Pack _____