

# Now Enrolling



## Kids of Grace

2010-2011

*(a part-time weekday ministry of GCPCPA)*

a program where children grow spiritually, emotionally, socially, and cognitively  
to his/her fullest potential

Registration & Tuition Schedule 2010-2011		
	Current Families/Church Member Enrollment-January Community Enrollment-February 2 <sup>nd</sup>	
	Registration Fee	Monthly Tuition
2 day 2's/3's	\$100.00	\$160.00
3 day 3's	\$110.00	\$195.00
4 day 4's	\$120.00	\$225.00
5 day 4's	\$130.00	\$260.00
Kinder	\$150.00	\$295.00

### Days and hours of operation

**Twos** Monday/Wednesday or Tuesday/Thursday

**Threes** Monday/Wednesday/Friday or Tuesday/Thursday

**Fours** Monday thru Friday or Monday thru Thursday  
9:00 am to 12:00 pm

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

Kids of Grace Preschool & Kindergarten

(757)427-6478

[kidsofgrace@gcpcpa.org](mailto:kidsofgrace@gcpcpa.org)

[www.kidsofgracepreschool.org](http://www.kidsofgracepreschool.org)

# REGISTRATION FORM - 2010-2011

New Student  Returning Student  Date \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

**Please indicate first (1) and second (2) preference or either (E):**

Class request:

- Twos: Tue & Thu     Threes: Tue & Thu     Fours: Mon- Thurs  
 Twos: Mon & Wed     Threes: Mon/Wed/Fri     Fours: Mon-Fri  
 Kindergarten

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street, number, etc.

\_\_\_\_\_

city

state

ZIP

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_

*I understand that all paper work, including health form signed by physician must be completed and turned in to the Kids of Grace Director by the first day of school 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 \$100

3 day \$110

4 day \$120

5 day \$130

Kindergarten \$150

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

Received by \_\_\_\_\_ Date \_\_\_\_\_ Enrollment Pack \_\_\_\_\_