



Grace House Preschool
360 Hopkins Road
Kernersville, NC 27284
(336)993-1305 fax:(336)993-1313
www.gracehousepreschool.org

Thank you for your interest in Grace House Preschool. Detailed below are our class schedule, tuition, enrollment information and scholarship deadlines. Attached are the following: enrollment application, immunization form, scholarship information and application.

CLASSES

Age as of 08/31/10	Class Sessions (9:00 – Noon)	Tuition
PMO – (6 wks – 2 years)	1, 2, 3, 4, or 5 days	\$65, \$110, \$130, \$145, \$165 monthly respectively
2 years	MWF, TTh, or M-F	\$130, \$110, \$165 monthly respectively
3 years	MWF, TTh, or M-F	\$130, \$110, \$165 monthly respectively
4/Pre-K	MWF or M-F	\$130, \$165 monthly respectively

*****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.

ENROLLMENT APPLICATION PROCESS

Complete and mail the following documents to the Preschool Director:

1. Enrollment Application (two pages)
2. Immunization Form (an attached copy of immunization records from your physician is fine)
3. Non-refundable deposit for \$30.00 (\$5 discount for additional children in the same family) made payable to Grace House Preschool

Send Enrollment Application and fee to:

Grace House Preschool/Enrollment
360 Hopkins Road
Kernersville, NC 27284

Notification of enrollment and class session will be mailed by May 15, 2010. September's Tuition and the one-time activity fee 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.

SCHOLARSHIP APPLICATION PROCESS AND DEADLINES

April 30: Scholarship Applications due

Send Scholarship Application to:

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

Notification of scholarship awards will be mailed soon after the end of the 2009-2010 school year.

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.

If you have any questions, please contact the Preschool Director, Carla Collins, at (336)993-1305 x12.

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

**Grace House Preschool
Enrollment Application 2010/2011**

Date of application ____ / ____ / ____

Enrolling for: **(please circle one)**

PMO – (6 weeks – 2 years) Day(s) _____
2MWF 2TTh 2M-F 3MWF 3TTh 3M-F 4MWF 4M-F

CHILD

Name _____ 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 ___ Separated ___ Divorced ___ Foster ___

SIBLINGS

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

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

May we print you name, address and telephone number in our Preschool Family Directory? _____

Church Affiliation _____ Member _____

PERMISSION FOR FIELD TRIPS

I hereby give my child _____ permission to go on any field trips /
excursions planned by Grace House Preschool. I will supply GHP with a car seat to transport my child.

Name (printed) _____

Signature _____ **Date** ____ / ____ / ____

****Note: Additional, specific forms will be distributed for each event.

FIELD TRIP DRIVERS

___ I am willing to accompany my child's class on field trips.

___ I am willing to transport children whose parents are not accompanying the class on a field trip as long as
appropriate car seats are provided. My registration, driver's license and auto insurance are current.

(Please attach a copy of your driver's license)

Name (printed) _____

Signature _____ **Date** ____ / ____ / ____

**Grace House Preschool
Enrollment Application 2010/2011**

Child _____

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.

Child's Name _____ Signed _____ Date _____
(parent or guardian)

MEDICAL/EMERGENCY CONTACT INFORMATION

Child's Name _____ Birth date ____/____/____

Address _____

City _____ State/Zip code _____ Phone _____

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 _____

ATTACH IMMUNIZATION RECORDS

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

____ 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.

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

Child's Name _____ Parent/Guardian _____ Date _____

Grace House Preschool Scholarship Application 2010/2011

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. Parents' Night Out, Consignment Sale)

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 PNO and 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 the 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.

DEADLINES FOR SCHOLARSHIP APPLICATION

April 30, 2010.

MAIL COMPLETED SCHOLARSHIP APPLICATIONS TO:

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

******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 2010/2011**

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.

Child's Class: **(please circle one)** PMO – (6 weeks – 2 years) Day(s) _____
2MWF 2TTh 2M-F 3MWF 3TTh 3M-F 4MWF 4M-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.

Spendable Monthly Income:

Gross Monthly Income _____
 Spouse's Gross Monthly Income _____
 Child Support (Receiving) _____
 Aid to Dependent Children _____
 Welfare (submit cc of card) _____
 Alimony (Receiving) _____
 Other Income (describe) _____
Total Monthly Income _____
Less Taxes (federal, state, & social security) _____
Net Spendable Income _____

Monthly Expenses:

Housing (mort, rent, ins, util, prop tax) _____
 Groceries _____
 Phone (Cell & Home) _____
 Vehicle (pmt, gas, ins, etc) _____
 Debt (credit card, college loans) _____
 Medical (doctors, dental, Rx) _____
 Clothing _____
 Charitable Giving _____
 Child Support, Alimony (Paying) _____
 Childcare, Tuition, Preschool _____
 Cable/Internet _____
 Insurance (Life, Medical) _____
 Other (please explain) _____
Total Monthly Expenses _____

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 2010-2011 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, 2010.