

Date of Entry _____
Class Assigned _____

Application Received _____
Registration Fee Received _____



FUN @ THE GROWING PLACE

For Babies through Fifth Graders

1600 Aversboro Road Garner, NC 27529
Phone: 919-661-0872 Fax: 919-662-7566 tgp@arbc-garner.org

Child's Name _____

Address _____

City/State/Zip _____ Phone _____

Date of Birth _____ Age as of August 31, 2017 _____ School Grade Completed _____*

Gender _____

*5th graders eligible up to time they enter 6th grade

Summer 2018 Rates:

	<u>Registration/Art Fee</u>	<u>3-Week Tuition Fee</u>
	<u>Per Child</u>	<u>Per Child</u>
Three-Day Program (T/W/Th)	\$30	\$165

Please indicate the session/s your child/ren will attend:

- _____ Session 1: June 12-June 28 (Tuition due by June 14 to avoid \$20 late fee)
_____ Session 2: July 10-July 26 (Tuition due by July 12 to avoid \$20 late fee)
_____ Session 3: July 31-Aug 16 (Tuition due by Aug 2 to avoid \$20 late fee)

Father's Name _____

Address _____

Place of Employment _____

Work Phone _____ Cell Phone _____

Mother's Name _____

Address _____

Place of Employment _____

Work Phone _____ Cell Phone _____

(Please continue on reverse side)

Please list names of all persons authorized to pick up child:

List all family members in the home:

Name	Age	Relationship
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Church you attend: _____

A Health Information Form, Immunization Record, and copy of Medical Insurance Card, and the non-refundable Registration/Art Fee must accompany this application. (Registration fee will be returned if space is not available for your child.) Space availability is on a first-come, first-served basis. **(Please note that if you were a part of the preschool program this past school year, we do not need another copy of these forms.)**

Please make your check payable to *The Growing Place*.

Would you like to receive tuition statements via email? Yes No

Email address _____

Parent Signature _____ Date _____