

Date of Entry _____
Class Assigned _____

Application Received _____
Registration Fee Received _____

The Growing Place at Aversboro Road Baptist Church

1600 Aversboro Road, Garner, NC 27529

(919) 661-0872

tgp@arbc-garner.org

2019-2020 Registration Form

Child's Name _____

Address _____

City/State/Zip _____ Phone _____

Date of Birth _____ Age as of August 31, 2019 _____ Sex _____

Non-refundable Annual Registration Fees:

First Child
\$95

Each Additional Child
\$70

Monthly Tuition Rates: (Please check program you desire to enroll your child in)

_____ **Two Day Program (T/Th)** **\$140** **Babies-3's only**

_____ **Three Day Program (M/W/F)** **\$175**

_____ **Three Day Program (T/W/Th)** **\$175** **4's only**

_____ **Four Day Program (M-Th)** **\$230**

_____ **Five Day Program (M-F)** **\$280**

****3 and 4 year old children must be potty trained****

Father's Name _____

Father's Address _____

Place of Employment _____

Work Phone _____ Cell Phone _____

Mother's Name _____

Mother's Address _____

Place of Employment _____

Work Phone _____ Cell Phone _____

Please list persons (other than parents) to contact in case of emergency:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

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 non-refundable registration 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 make your check payable to *ARBC The Growing Place*.

A copy of child's shot records and a completed medical form are required as well. All parents must sign a form indicating that they have read, are in agreement with, and will adhere to the policies and procedures of The Growing Place at ARBC.

Please indicate how you would like to receive tuition statements:

_____ email _____ hard copy

Email address _____

Parent's Signature _____ Date _____