



Greece Christian Preschool
(a ministry of Greece Assembly of God)
 750 Long Pond Road, Rochester, NY 14612
 (Phone) 585-723-1165 (Fax) 585-723-8241
www.greecechristianpreschool.org
www.greecechristian.org



This **Application for Enrollment** worksheet must be completed and submitted to the school office with the Student Health Services Information form with immunization records before a child(ren) can be accepted for enrollment.

Please Print Clearly (one per child)

Child's Name _____ Boy ____ Girl ____ Race _____
 (W,B,A,PI,AI)
 Ethnicity: ____ Hispanic ____ Non-Hispanic

Address _____
 No. Street City/Town State Zip

Primary Phone _____ Child's Age _____ DOB ____/____/____

Preferred Email: _____ Primary language spoken at home: _____

School District: _____ Church Attending: _____

Father's Name _____ Cell Phone #: _____ Work #: _____

Address (if different) _____

Mother's Name _____ Cell Phone #: _____ Work #: _____

Address (if different) _____

Person(s) (other than parents) authorized to pick up child / Emergency Numbers:

Name _____ Relation to child: _____ Phone #: _____

Name _____ Relation to child: _____ Phone #: _____

Are there any special or unusual physical or emotional characteristics about your child that you would like us to be aware of such as food allergies, etc.

Is your child independent with bathroom needs? Yes ____ No ____ *I understand and agree that if an accident should happen, I will come and change my child or take my child home.*

Office Use Only:	Date Received: _____
Non-Refundable Application Fee:	
_____ \$ 65. 1 child	_____ FACTS _____ Other
_____ \$100. 2 children	_____ FACTS _____ Other
Name of second child _____	
Start Date _____	

2022-2023 Tuition Plans and Options

10 Month Plan:	10 Monthly Payments:	August – May
One-payment Plan:	Paid in Full	by September
12 Month Plan:	12 Monthly Payments:	July – June <i>(only if with a child in K-8)</i>

Application fee: **\$65 for one child** **\$100 for two children**

Tuition:

Sessions A, B, D:	\$1,430 / year	\$2,430 / year
Sessions C, E:	\$1,800 / year	\$3,040 / year
Session F:	\$2,800 / year	\$4,760 / year

Multi-Child Discount: 10% preschool discount if a child(ren) is enrolled in GCS K-8th *

All sessions are from 9:15 – 11:45am. Please check the session and the Payment Plan desired:

<u>Session</u> (check one)	One student		Two students	
	<u>10 month</u>	<u>One-payment</u>	<u>10 month</u>	<u>One-payment</u>
<i>Three year olds:</i>				
___ A Tues/Thurs	___ \$143	___ \$1,430	___ \$243	___ \$2,430
___ B Wed/Fri	___ \$143	___ \$1,430	___ \$243	___ \$2,430
___ C Mon/Wed/Fri	___ \$180	___ \$1,800	___ \$304	___ \$3,040
<i>Four year olds:</i>				
___ D Tues/Thurs	___ \$143	___ \$1,430	___ \$243	___ \$2,430
___ E Mon/Wed/Fri	___ \$180	___ \$1,800	___ \$304	___ \$3,040
___ F Mon - Fri	___ \$280	___ \$2,800	___ \$476	___ \$4,760

Please check all that apply below:

Total Tuition Due: ___ One-payment Plan: \$ _____ / year. * Less: 10% if K8 child: \$ _____ /year
 ___ 10 ___ 12 Month Plan: \$ _____ / month. * Less: 10% if K8 child: \$ _____ /mth

Name and grade of K-8 child(ren) (if applicable): _____

Please read and sign:

I understand that the application fee is due with the application and is non-refundable. Upon acceptance tuition will be paid through an account I set up with **FACTS Tuition Management** (ACH) online. There I will: pick a payment plan, a due date (1st, 15th, or last day of the month), and a financial institution or credit card (2.85% charge) for payments. I will be subject to a \$25.00 late fee if not paid by the date I select. A NSF fee of \$25.00 will be charged by FACTS for non-sufficient funds.

I authorize the staff to take immediate steps to procure professional medical treatment for my child in case of an emergency. I will be notified immediately afterwards.

Parent's signature _____ **Date** _____