



NEW FAMILY ENROLLMENT FORM

This application must be completed in its entirety and approved by the administration before enrollment. A \$200 (\$100 for preschool families) non-refundable deposit is due at the time of submission.

ENROLLING PARENT'S NAME(S) _____
Father (Print First, Last) Mother (Print First, Last)

ADDRESS _____
Number Street City State Zip Resident Public School District

HOME PHONE (_____) _____ EMAIL _____ CHURCH AFFILIATION _____

CELL PHONE (MOM) _____ CELL PHONE (DAD) _____

REASON(S) FOR SENDING CHILD(REN) TO THIS SCHOOL _____

WITH WHOM DOES CHILD RESIDE? (Check One)

- MOTHER and FATHER
MOTHER and STEP-FATHER
- MOTHER ONLY
FATHER AND STEP-MOTHER
- FATHER ONLY
LEGAL GUARDIAN(S)
- JOINT
CUSTODY

WHO IS FINANCIALLY RESPONSIBLE FOR TUITION (Check One)

- MOTHER and FATHER
MOTHER and STEP-FATHER
- MOTHER ONLY
FATHER AND STEP-MOTHER
- FATHER ONLY
LEGAL GUARDIAN(S)

PRIMARY LANGUAGE SPOKEN AT HOME _____

CHILD(REN)'S NATIVE LANGUAGE _____

CAN YOUR CHILD(REN) BE PHOTOGRAPHED FOR PROMOTIONAL PURPOSES? _____

CHILD #1

STUDENT _____ M/F _____ AGE _____
LAST FIRST MIDDLE GENDER

BIRTH DATE _____ BIRTH PLACE _____ PREVIOUS SCHOOL _____
CITY STATE

CIRCLE GRADE ENTERING: Y5 K 3 DAY K PROG K 5 DAY KSI 1 1SI 2 2SI 3 3SI 4 5 6 7 8

DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT MAY HAVE AFFECTED YOUR CHILD'S PERFORMANCE IN SCHOOL (IEP, ILLNESS, EMOTIONAL OR PHYSICAL DISABILITIES, MEDICATION, LEARNING DIFFICULTIES, OR FREQUENT CHANGE OF SCHOOLS). _____

HAS THIS STUDENT EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO WITHDRAW FROM ANY SCHOOL? NO YES
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

MEDICAL INFORMATION:

DOCTOR'S NAME _____ PHONE _____

PERMISSION TO TREAT AT GHC: _____ CHILD MAY BE GIVEN THE FOLLOWING: TYLENOL _____
YES NO

IBUPROFEN _____

TOPICAL BENEDRYL _____

PLEASE EXPLAIN ANY SPECIAL MEDICAL CONDITIONS THE STUDENT MAY HAVE WHICH GHC SHOULD BE AWARE OF.

PLEASE EXPLAIN ANY ALLERGIES THE STUDENT MAY HAVE WHICH GHC SHOULD BE AWARE OF.

PLEASE LIST ANY PRESCRIBED MEDICATIONS STUDENT IS CURRENTLY TAKING. _____

EMERGENCY CONTACT

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

Cost/Tuition Rates for 2019-20

Grade Level	Cost	Available Grants*		Required Tuition
		GHCS Endowment	Annual GRACE Fund	
Young Fives	\$4,710	\$240	\$360	\$4,160
Kindergarten				
3 full days	\$4,710	\$240	\$360	\$4,160
Progressive	\$6,345	\$320	\$480	\$5,545
5 full days	\$7,930	\$400	\$600	\$6,930
Grades 1 – 5	\$7,930	\$400	\$600	\$6,930
Grades 6 – 8	\$8,080	\$400	\$600	\$7,080 <i>(this includes the \$150.00 middle school fee)</i>

**All GHCS families are eligible for these grants*

***All prices subject to board approval*

Statement of Agreement

- The information provided on this application is accurate and complete.
- I agree to fully and actively support the Christian worldview taught at GHC.
- I will actively and fully support the School's decisions about the educational programs provided to my student(s). I agree to uphold and maintain the fundamental unity of the school and home.
- I believe that God originally created man in His image with the ability to live for His glory. We believe that all have sinned and lost their ability to fulfill this divine demand. We believe that it is through faith in Jesus Christ that this divine demand can be fulfilled. We believe that the Bible is the infallible Word of God which points out the only way of salvation and is the only infallible rule of faith and practice.
- I understand that any deposit paid is non-refundable should I choose to withdraw this application.
- I understand that families are required to participate in service hours. Parents will invest 20 or 10 service hours or pay \$300/\$150 to GHC (10 hours/\$150 for Young 5/Kindergarten families, single parent families, or families with a child enrolled at another school within WMCS).
- Tuition is due on the 10th of each month. A late fee will be added to my account if a payment is not received by the 20th of the month.
- I understand that if my child(ren) leave GHC before the end of the school year, my tuition will be prorated to the end of the quarter in which my child(ren) leave.

I am choosing to:

- Pay the cost of education (tax receipt for the difference will be issued)
- Pay the required tuition and accept the Endowment Grant
- Pay the required tuition and accept the GRACE Grant
- Apply for financial assistance using FACTS

SIGNATURE OF ENROLLING PARENT(S): _____
(Father)

DATE: _____

(Mother)

DATE: _____

For Office Use Only:

Applic. Rec'd Date:	Deposit \$100/ \$200 Check#	Applic. Reviewed by _____	Approved Y/N	Parent Notified Date:	Enrolled Date:
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