

DATE OF ENTRY:	APPLICATION RECEIVED:
CLASS ASSIGNED:	REGISTRATION FEE RECEIVED:



1600 Aversboro Road, Garner, NC 27529 919-661-0872 tgp@arbc-garner.org

2024-2025 REGISTRATION FORM

CHILD'S NAME:		
ADDRESS:		
CITY/STATE:		ZIP:
BIRTHDATE:	AGE AS OF AUG 31, 2024:	SEX:

NON-REFUNDABLE ANNUAL REGISTRATION FEES			
FIRST CHILD: \$100		EACH ADDITIONAL CHILD: \$75	
MONTHLY CLASSES & TUITION RATES			
<input type="checkbox"/> BABIES (born 9/1/23-8/31/24)	MON-FRI (\$350)	<input type="checkbox"/> ONES (born 9/1/22-8/31/23)	MON-FRI (\$350)
<input type="checkbox"/> TWOS (born 9/1/21-8/31/22)	MON-FRI (\$350)	<input type="checkbox"/> *THREES (born 9/1/20-8/31/21)	MON-FRI (\$325)
<input type="checkbox"/> *FOURS/PRE-K (born 9/1/19-8/31/20)	MON-FRI (\$325)		

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

A non-refundable registration fee must accompany this application to hold your child's spot.

(The 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.

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 YOUR CHILD:	
<hr/>	

LIST ALL FAMILY MEMBERS IN THE HOME.		
NAME	AGE	RELATIONSHIP
1)		
2)		
3)		
4)		
5)		
CHURCH YOU ATTEND:		

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: ☐ hard copy ☐ email

Email Address: _____

Parent Signature: _____ Date: _____