



GPCS PRESCHOOL APPLICATION

Child Information

Child's Name: _____

Date of Birth: _____

Child's Age on 10/15/12 _____

Program of choice:

- Three-year-old program: Two days per week, 8:30 a.m. – 11:30 a.m. (**child must be 3 by 10/15/12**)
- Extended Day three-year-old program: Two days per week, 8:30 a.m. – 2:30 p.m.
- Four-year-old program: Monday, Wednesday & Friday, 8:30 a.m. – 11:30 a.m. (**child must be 4 by 10/15/12**)
- Extended Day four-year-old program: Monday, Wednesday, & Friday, 8:30 a.m. – 2:30 p.m.

How did you hear about GPCS? _____

Parent Information

Name of Father or Legal Guardian: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Occupation: _____ Employer: _____

Name of Mother or Legal Guardian: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Occupation: _____ Employer: _____

Church affiliation

Name of Church: _____

Address of Church: _____

Pastor: _____

Member: _____ Yes _____ No For how long? _____

Do you regularly attend weekly services? _____

Have you trusted Jesus Christ as your personal Savior and Lord? _____

Do you regularly read the Bible and pray as a family? _____



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Previous Child Care Information

Please include family day care, preschools, etc.

Has your child previously been in childcare? _____ Yes _____ No

If yes, Name of Facility: _____

Address: _____

Name of Primary Caregiver: _____

Phone: () _____

Dates of Attendance: From _____/_____/_____ To ____/____/_____

Name of Facility: _____

Address: _____

Name of Primary Caregiver: _____

Phone: () _____

Dates of Attendance: From _____/_____/_____ To ____/____/_____

Child's Special Needs

Does your child have special needs? _____ Yes _____ No

If yes, please explain: _____

About Your Child

Please tell us about your child: _____

Sibling Information

Name _____ Birthdate (mm/dd/yy) _____

Name _____ Birthdate (mm/dd/yy) _____

Name _____ Birthdate (mm/dd/yy) _____

Parent Acknowledgement

Signature _____ Date _____

Signature _____ Date _____



Parental Permission Form and Hold Harmless Agreement

We, _____ (parents/legal guardians) of
_____ (City), Maine, the parents or legal guardian of:

1. _____ grade: _____
2. _____ grade: _____
3. _____ grade: _____
4. _____ grade: _____

hereby give permission for our child(ren) to participate in activities by the Greater Portland Christian School of South Portland, Maine.

In consideration of the school's allowing our child to participate in activities, we hereby agree to hold the school, its employees, and any parents, chaperones, or other volunteers associated with the sponsoring or conducting of these activities (hereafter collectively referred to as "the Organizers") harmless from any personal liability to us, to our child or to any person or entity, and hereby waive and/or release all claims that we now have or that we may have in the future, arising out of that activity (including travel to and from the activity) as a result of any personal injury or death resulting to our child. However, we do not release the Organizers or agree to hold them harmless from any claims that we may have against them to the extent of any liability insurance coverage they may have. We specifically agree to hold the Organizers harmless and release the Organizers from any personal liability for all injuries or damages caused by their negligence; but do not agree to hold the Organizers harmless or release them from any claims arising out of any intentional wrongs committed by the Organizers.

We certify that we have read this permission form and hold harmless agreement, that we understand all of the provisions of this agreement, and that we sign this agreement at our own free act and deed.

Signature _____ Date _____

Signature _____ Date _____



Tuition Policy

Re-enrollment Registration

The registration fee of \$100 (\$30 for PreK) is applicable to each child in the family, including those with tuition aid or tuition credit. It must be enclosed with the re-enrollment forms. After June 1, the registration fee for re-enrollment increases to \$125 per child. These fees are non-refundable.

New Enrollment Registration

A screening fee of \$20 (\$30 for Kindergarten) must be enclosed with each application before it can be processed. Upon written or verbal notification of acceptance, the registration fee of \$100 must be paid before classroom space can be reserved. Screening fees are non-refundable. Registration fees are non-refundable unless GPCS does not accept a student.

Other Fees

<u>Curriculum Fee:</u> (PreK) \$50 per child (K-12) \$160 per child	<u>Activity Fee:</u> (K-5) \$45 per child (6-12) \$60 per child
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For re-enrolling students, fees are due by July 1. For new enrollment, fees must be paid within 30 days of registration or by August 25, whichever is earlier. All fees are non-refundable and subject to change without notice.

2012-13 Tuition

PreK (3yr-Half Day)	\$1,500 per child	\$1,425 for 2 nd child	\$1,350 for 3 rd child	\$1,125 additional child
PreK (3yr-Extended)	\$2,535 per child	\$2,408 for 2 nd child	\$2,282 for 3 rd child	\$1,901 additional child
PreK (4yr-Half Day)	\$2,250 per child	\$2,138 for 2 nd child	\$2,025 for 3 rd child	\$1,688 additional child
PreK (4yr-Extended)	\$3,800 per child	\$3,610 for 2 nd child	\$3,420 for 3 rd child	\$2,850 additional child
Grades K-5	\$4,100 per child	\$3,895 for 2 nd child	\$3,690 for 3 rd child	\$3,075 additional child
Grades 6-12	\$4,400 per child	\$4,180 for 2 nd child	\$3,960 for 3 rd child	\$3,300 additional child

- Tuition may be paid in advance **or** in consecutive monthly installments, which are due by the 10th of each month, beginning in July (12-month plan) or August (10-month plan) and ending in June (12-month plan) or May (10-month plan). A late fee of **\$15.00** will be charged to accounts not paid by the 10th.
- Unpaid tuition at the end of a semester, student(s) will not be allowed to attend the following semester until overdue balance is paid in full.
- Students will not be permitted to begin a new school year if a balance is showing for any previous school year.
- Students who leave the school for any reason will be charged tuition on a pro-rata basis.



Family Tuition Plan

- 1st child (highest grade) – Regular tuition of that grade
- 2nd child (next highest grade) – 95% tuition of that grade
- 3rd child (next highest grade) – 90% tuition of that grade
- 4th or more – 75% tuition of that grade

Pastoral Discount

For a licensed pastor of a local established church, an additional 15% discount will apply to each child in the pastor's immediate family.

Tuition Assistance Program

The purpose of the GPCS Tuition Assistance Program is to assist parents of students attending GPCS with a part of their school tuition. This program will allow students whose families may not be able to afford full tuition an opportunity for a Christian school education.

Tuition assistance will be granted to selected families based on need and under no circumstances will tuition assistance exceed 50% of tuition costs. No student will be disqualified because of race, sex, color, or national or ethnic origin. All applications will be considered and the final decision for tuition assistance will rest with GPCS.

FACTS Grant & Aid Assessment will be conducting the financial need analysis for GPCS for the upcoming school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation and \$20 application fee to FACTS Grant & Aid Assessment **by the last Friday of May**. Paper applications will be available in the school office beginning in April. Applicants can also apply online at www.factstuitionaid.com.

Decisions will be announced as soon as possible after the deadline.



Tuition Payment Options

Please select an option below. If you choose the incentive option, select one of the three choices. If you do not make a choice, GPCS will automatically bill you according to the traditional 10-month plan.

Please send a FACTS Grant and Aid Assessment Application

Incentive for Early Payment: (choose option)

- Receive a tuition discount of 5% for payment in full of tuition by August 15 of current school year.
- Receive a 3% tuition discount for payment of first half of tuition by August 15 of current school year.
- Receive a 2% discount for payment of second half of tuition by January 15 of current school year.

[Note: these discounts for payment of 1/2 of tuition only apply to the half-tuition that is being paid in advance.]

The 12-month payment plan:

- A 12-month option with the start date of July 1.
- The 12-month payment plan rolls up **tuition, curriculum** and **other fees** into 12 equal lump sum payments designed to help our families budget the costs.

Traditional 10-month payment plan:

- Registration fee is due June 1.
- Curriculum fee and Activities fee are paid by July 1.
- Tuition payments are spread out over 10 months, with the first payment due by August 10 and the final tuition payment due by May 10.

I (we) have read and understand the policies outlined above and the penalties for not adhering to the GPCS tuition schedule.

Signature _____ Date _____

Signature _____ Date _____



Service Fee and Volunteer Program

Why a Service Fee and Volunteer Program? GPCS, like many organizations, needs volunteers to keep the school operating. We have a simple equation at work in this school; the more jobs volunteers do, the fewer services we buy, the less it costs to educate our children equals affordable tuition. The school chooses to hire professional teachers and administrative staff to ensure a consistent, high quality educational experience. Beyond that, every other function relies heavily on volunteers to make sure it moves forward. We simply have too few volunteers to support the increasing needs of our growing school. To maintain a quality educational program and keep tuition affordable, GPCS has established the service fee and volunteer program.

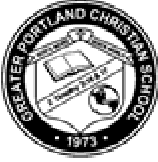
Why a Service Fee? A number of Private Schools use similar programs to motivate people to get involved. The fee gives people a choice, get involved or provide funds to help the school pay for needed services.

The Service Fee and Volunteer Program:

- **The Service Fee is \$200.00 or 20 service units volunteered per family per year. A single parent family requirement is \$100.00 or 10 service units volunteered each year.**
- A Service Unit is approximately one hour of time spent in a designated Service Activity.
- A Service Activity is an activity specified to be part of the program. Examples of these activities could include: work days, fund raising projects, coaching, volunteering in the classroom, etc.
- Can volunteer 10 hours and pay \$100.00
- First 10 (5 if single) hours or \$100 (\$50 if single) is due by Dec. 31. The remaining 10 (5) hours or \$100 (\$50) will be due May 1st. A pledge of expected hours is acceptable (service activities may take place after May 1).
- Families who are unable to meet this requirement can have others donate the time in their place.
- Staff and Board members are exempt.
- Of course, you may and are encouraged to volunteer more than the allotted requirement!

Service Areas:

Program, Event & Fund Raising Volunteer Sign up Sheet will be sent to you upon acceptance. Volunteer Opportunities will also be announced when a need arises.



Parental Permission Form of Approved People for Transportation Pick-Up

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Approved Adult (18 years and older) _____

Phone Number: _____

Approved Adult (18 years and older) _____

Phone Number: _____

Approved Adult (18 years and older) _____

Phone Number: _____

Approved Adult (18 years and older) _____

Phone Number: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Phone number: _____



Photo Permission Form

I grant permission to Greater Portland Christian School to use pictures or video of any of our family for school purposes including web page design and advertising. I also grant permission for the use of names to associate the pictures or video. I understand that only those images that reflect the Christian experience at GPCS will be used.

Family Members Covered (please print):

Signature _____ Date _____

Signature _____ Date _____



Medical and Health Information

Student Name: _____ Grade: _____

Address: _____

Phone Number: _____

Birthdate: _____

Please bring proof of immunizations. State law requires 4 DPT, 3 OPV, 1 MMR, 3Hib, 4 PCV 13, 2 Hep A, 3 Hep B, 3 Rotavirus and 1 Varivax (chicken pox).

Tested for TB: _____ Yes _____ No

Date: _____ Type of Test: _____ Results: _____

Has your child had any of the following:

If yes, please write the date of the illness in the line provided.

	Date	Date
Chicken Pox	_____	Asthma _____
German Measles	_____	Tonsillitis _____
Measles	_____	Meningitis _____
Mumps	_____	Frequent Headaches _____
Mononucleosis	_____	High Fever _____
Pneumonia	_____	Seizures _____
Rheumatic Fever	_____	Head Injury _____
Scarlet Fever	_____	Fainting _____
Strep Throat	_____	Other (please specify) _____

Operations:

	Date	Date
Tonsils/Adenoids	_____	Hernia Repair _____
Tubes in Ears	_____	Appendectomy _____
Other (please specify)	_____	

Hospitalizations (in addition to above):

Reason for hospitalization	Date	Hospital
_____	_____	_____
_____	_____	_____



Allergies and Reactions:

Foods: _____

Medicines/Drugs: _____

Insects: _____

Medications to be taken for reaction: _____

Procedure to be followed if reaction occurs at school: _____

Does your child use:

Contact Lenses: _____ Glasses: _____ Hearing Aids: _____ Braces (arm/leg): _____

Dental Plate or Braces: _____ Crutches: _____ Other (please specify): _____

General Health: Please check any health concerns that you or your doctor has noticed.

- | | | |
|--------------------|--|------------------------------|
| _____ Indigestion | _____ Nose Bleeding | _____ Chronic Ear Infections |
| _____ Constipation | _____ Bed Wetting | _____ Overtired/Lacking Pep |
| _____ Diarrhea | _____ Nightmares | _____ Heart Trouble |
| _____ Vomiting | _____ Thumbsucking | _____ Hyperactivity |
| _____ Stomachaches | _____ Nail Biting | _____ Frequent Fevers |
| _____ Epilepsy | _____ Sinus Trouble | _____ Diabetes |
| _____ Asthma | _____ Medical problems immediately after birth | |

Other Physical Problems (please explain):

1. Has your child had any injuries requiring medical attention within this past year? Please explain any "yes" answers. _____

2. Has your child had any illness lasting more than one week within the past school year? Please explain any "yes" answers. _____

3. Does your child have any medical problem(s) that the school should be made aware of? Please explain any "yes" answers. _____



4. Does your child take any pills, medicines, injections or treatments either on a part-time or regular basis? Please explain any "yes" answers. _____

5. Do you consider your child's health to be: ___ Excellent ___ Good ___ Fair

6. Can your child participate in all school activities, including Physical Education? Please explain any "no" answers. _____

Hearing Assessment:

Has your child ever had any ear/hearing examination or treatment? ___ Yes ___ No

When: _____ By Whom: _____

Results: _____

Visual Assessment:

Has your child ever had a vision examination or treatment? ___ Yes ___ No

When: _____ By Whom: _____

Results: _____



Medical/Emergency Authorization

Must be filled out completely in order to attend school

Student's Name: _____ Grade: _____ Date of Birth: _____

Address: _____

Phone: _____

Father's Full Name or Legal guardian: _____

Employer: _____ Phone: _____

Cell Phone/Pager: _____

Mother's Full Name or Legal guardian: _____

Employer: _____ Phone: _____

Cell Phone/Pager: _____

Person to contact if parent cannot be reached in an emergency:

Name: _____

Address: _____

Phone: _____ Relation to Student: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Family Dentist: _____ Phone: _____

Please list disabilities, allergies and/or any medications used: _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

If an accident or injury occurs at school, and the school administrator, office manger, teacher or authorized representative cannot get in touch with us, we the parents or guardians of the above named child do hereby authorize the school administrator, office manager, teacher, or authorized representative to call the family physician listed above.

If the family physician cannot be reached, we do hereby authorize the transportation of our child to the nearest hospital emergency room, where the attendant on duty will have our permission to give emergency treatment.

Signature _____ Date _____

Signature _____ Date _____



Parents' Statement of Agreements

GPCS reserves the right to refuse any application at any time, if it should decide that the applicant could not succeed in the program and make a positive contribution to the school. GPCS further reserves the right to dismiss any student whose work is unacceptable or whose conduct does not meet GPCS standards.

Teachers have full discretion in the classroom discipline of my child. The administration has full discretion in determining the proper grade level for my child.

My child has permission to go on all field trips for the current school year.

Our support, to the best of our ability, will be given in making regular tuition payments and in faithful prayer, practical help, and special donations.

We agree to support the spiritual, academic, moral, dress, and discipline standards of GPCS, as set forth in policy by the Director and the *Parents' Handbook*.

The basis of the GPCS Association is the teaching of the Bible that man was made in the image of God to be a steward of His creation, and that parents are responsible to train their children to know and serve God. The basis rests further on the belief that such training can most effectively be carried on in a school where every area of knowledge is related to God (e.g., science is recognized as the investigation and use of God's eternal purpose; the arts are viewed as reflections of God's creatures).

The theological basis which unites the members of this Association and binds the teachers of this school includes the following truths of Scripture. My signature indicates that I have read the Basis and Statement of Faith and am willing to have my child trained in accordance with them.

Statement of Faith

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three Persons, Father, Son, and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, His miracles, and His vicarious and atoning death through His shed blood, in His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
- We believe that for salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit, by Whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of the damned.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

My signature indicates that I have read and accepted the above agreements on this page.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____