



**GREYFRIARS CLASSICAL TUTORIALS**  
*A ministry of Greyfriars Classical Academy to the homeschooling community*

**GRAMMAR & LOGIC**

**New Families Application and Registration Forms**

**2026 - 2027**

Date \_\_\_\_\_

Family Name \_\_\_\_\_

**Part A - Family Information**

Father/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation, Special Training or Skills \_\_\_\_\_

Name of Business \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Home Phone (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation, Special Training or Skills \_\_\_\_\_

Name of Business \_\_\_\_\_ Email \_\_\_\_\_

***We will assume unless otherwise indicated that just the mother's email and cell are best for all official GCT correspondence.***

Check ALL that apply:

Student(s) live with:

Mother and Father  Stepfather  Legal Guardian

Father  Mother  Stepmother

Check if appropriate:

Parents Separated  Mother Deceased  Mother Remarried

Parents Divorced  Father Deceased  Father Remarried

Home Church \_\_\_\_\_

Are you members of this church? \_\_\_\_\_ For how long? \_\_\_\_\_

(If not members, please explain) \_\_\_\_\_

What services do you regularly attend? \_\_\_\_\_

Does your family regularly read the Bible and pray together? If yes, how often? \_\_\_\_\_

Which statement best describes your educational philosophy?

- a) We make educational decisions year by year, child by child.
- b) I am committed to a Christian education for my children for as long as it is possible.
- c) I am persuaded that a classical, Christian education is most beneficial for my children.
- d) I do not yet know what my educational philosophy is.
- e) Other: \_\_\_\_\_

Briefly describe your past educational choices for your family. \_\_\_\_\_

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Do you have ties (family relation, church, friendship) with someone currently in GCT? If so, with whom and in what capacity?

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What are your primary influences or reasons for desiring a Christian education for your children? \_\_\_\_\_

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What are your primary influences or reasons for desiring a classical education for your children? \_\_\_\_\_

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**All tuition and fees are non-refundable.**

**See page 5 for registration options and pricing.**

Registration fees are due at registration (please include a separate check for each child applying.). Tuition is due by July 1. If a payment plan is desired, applicants must request this when registering.

**Mail registration and payments (payable to Greyfriars Classical) to:**

*Greyfriars Classical  
Attn: Gwenna Garvey, Registrar  
2701 Rice Rd.  
Matthews, NC 28105*

***“You parents can provide no better gift for your children than an education in the liberal arts. House and home burn down, but an education is easy to carry along.” --Martin Luther***

**Part B – Student Information**

**(Make additional copies of page 4 if registering more than five children.)**

**At the bottom of this page, please list the names and ages of any children who will not be attending GCT.**

**Student 1:**

Full Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Circle One: *Male* *Female*

Applying for (please circle one):

Grammar: **Kindergarten** **G 1** **G 2** **G 3** **G 4** **G 5**

Logic: **6** **7** **8**

Does your child have any special needs that would require special attention in a traditional classroom setting? \_\_\_\_\_

Does your child have any physical disabilities and/or any serious illnesses, disease, injuries, or allergies? \_\_\_\_\_

**Student 2:**

Full Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Circle One: *Male* *Female*

Applying for:

Grammar: **Kindergarten** **G 1** **G 2** **G 3** **G 4** **G 5**

Logic: **6** **7** **8**

Does your child have any special needs that would require special attention in a traditional classroom setting? \_\_\_\_\_

Does your child have any physical disabilities and/or any serious illnesses, disease, injuries, or allergies? \_\_\_\_\_

Please list the names and ages of any children who will not be attending Greyfriars Classical Tutorials.

Name \_\_\_\_\_ Current Education: \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Current Education: \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Current Education: \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Current Education: \_\_\_\_\_ Age \_\_\_\_\_

**“The best education is an education in the best things.” --Charles Spurgeon**

**Student #** \_\_\_\_\_ :

Full Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Circle One: *Male* *Female*

Applying for:

Grammar: **Kindergarten** **G 1** **G 2** **G 3** **G 4** **G 5**

Logic: **6** **7** **8**

Does your child have any special needs that would require special attention in a traditional classroom setting? \_\_\_\_\_

Does your child have any physical disabilities and/or any serious illnesses, disease, injuries, or allergies? \_\_\_\_\_

**Student #** \_\_\_\_\_ :

Full Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Circle One: *Male* *Female*

Applying for:

Grammar: **Kindergarten** **G 1** **G 2** **G 3** **G 4** **G 5**

Logic: **6** **7** **8**

Does your child have any special needs that would require special attention in a traditional classroom setting? \_\_\_\_\_

Does your child have any physical disabilities and/or any serious illnesses, disease, injuries, or allergies? \_\_\_\_\_

**Student #** \_\_\_\_\_ :

Full Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Circle One: *Male* *Female*

Applying for:

Grammar: **Kindergarten** **G 1** **G 2** **G 3** **G 4** **G 5**

Logic: **6** **7** **8**

Does your child have any special needs that would require special attention in a traditional classroom setting? \_\_\_\_\_

Does your child have any physical disabilities and/or any serious illnesses, disease, injuries, or allergies? \_\_\_\_\_

**2026 - 2027 TUITION AND FEE INFORMATION and WORKSHEET:**

(meets half a day a week, on Tuesdays)

Registration Fee, per child (due at registration)	\$400	<input type="checkbox"/>
Tuition (due July 1)	\$975	<input type="checkbox"/>
<b>Total Kindergarten</b>	<b><u>\$1,375</u></b>	<input type="checkbox"/>

(meets one day a week, on Tuesdays)

Registration Fee, per child (due at registration)	\$500	<input type="checkbox"/>
Tuition (due July 1)	\$1,600	<input type="checkbox"/>
<b>Total for Grammar 1 – 5</b>	<b><u>\$2,100</u></b>	<input type="checkbox"/>

(meets two days a week, on Mondays and Thursdays)

Registration Fee, per child (due at registration)	\$500	<input type="checkbox"/>
Tuition (due July 1)	\$3,600	<input type="checkbox"/>
<b>Total for Logic 6 – 8</b>	<b><u>\$4,100</u></b>	<input type="checkbox"/>

Total registration fees due for my family, due now: \_\_\_\_\_

Total tuition for my family, due by July 1: \_\_\_\_\_

- Registration fees are due at registration (please include a separate check for each child applying.).
- Tuition is due by July 1. If a payment plan is desired, applicants must request this when registering.

**Mail registration and payments (payable to Greyfriars Classical) to:**

*Greyfriars Classical  
Attn: Gwenna Garvey, Registrar  
2701 Rice Rd.  
Matthews, NC 28105*

**All tuition and fees are non-refundable.**

**RELEASE OF LIABILITY**

Parties: Facility Owner – Resurrection Presbyterian Church  
Utilizing Organization – Greyfriars Classical Academy, a North Carolina nonprofit corporation doing  
business as Greyfriars Classical Tutorials (Grammar & Logic)

List of Students (Minors): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. The undersigned represents to Resurrection Presbyterian Church (hereinafter RPC), and Greyfriars Classical Academy, a North Carolina non-profit corporation (hereinafter GCA) doing business as Greyfriars Classical Tutorials (hereinafter GCT), that he/she is the natural parent and/or guardian of the above-named minor(s).
2. The undersigned consents to such minor(s) taking part in the GCT Program at RPC.
3. The undersigned fully understands that there is a risk of injury or illness.
4. The undersigned agrees to cover any consequent expense for medical, diagnostic, and curative treatments, incidental loss and unexpected costs.
5. The undersigned assumes the risk of all such expenses and losses.

Initial the spaces provided below to indicate your agreement with each of the following:

\_\_\_\_\_, the undersigned WAIVES ANY CLAIMS AND/OR CAUSES OF ACTION against RPC and/or any of its agents, and against GCA and/or any of its agents arising from participation in the GCT program.

\_\_\_\_\_, the undersigned agrees to FULLY INDEMNIFY, SAVE AND HOLD HARMLESS RPC, and/or any of its agents, and against GCA and/or any of its agents from litigation expenses, arbitration expenses, mediation expenses, attorney’s fees, loss, liability, damage, or any cost .

\_\_\_\_\_, the undersigned agrees to cover the cost to replace or repair any property damage caused by the minor(s) listed above to the facilities.

\_\_\_\_\_, the undersigned represents that medical insurance covers the minor(s) listed above and such insurance will be kept current and active as long as the minor(s) participate in the program.

\_\_\_\_\_, the undersigned understands that this RELEASE OF LIABILITY remains in effect as long as the minor(s) listed above participate in any program offered by GCA, GCT or any other organization at RPC.

**AUTHORIZATION**

I, [insert your name(s):] \_\_\_\_\_, have read and understand the above provisions in the RELEASE OF LIABILITY agreement as presented above, and fully agree to all terms presented. I further represent that I am the natural parent and/or legal guardian with the legal power to sign on behalf of the minor(s) listed above:

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Father’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness signature (required) \_\_\_\_\_

Date \_\_\_\_\_

## Family Commitment Form

Our program cannot succeed without your help. We ask your assistance in agreeing to the following:

1. I understand that Greyfriars is a tutorial service and NOT a school. I understand that I am responsible to conduct regular homeschooling duties and fulfill the requirements of the state.
2. Because the program works best when families are informed and connected, I purpose to read communications from the director and/or tutors and prepare my student(s) for class time. I have read through the program [handbook](#) (found on the website [note: the 2026-2027 GCT Handbook will be posted as soon as it becomes available]) and will communicate applicable sections to my student(s) as needed.
3. I will communicate with tutors, whenever needed, in a manner that shows respect for them and does not take away from class time.
4. If I have a student in the Grammar program, I agree to sign up for a small volunteer parent job to help the program run smoothly.
5. I understand that it is necessary for the operation of this program that both tutors and parents make a commitment for the entire academic year and that, for this reason, all tuition and fees are non-refundable. (Although late registration is possible through the summer, all checks collected at the time of late registration are non-refundable.)
6. I understand my financial commitment and the dates that payments are due, and I agree to meet my obligations to the program faithfully.
7. If an unresolved problem arises between my child and a tutor or another student, I will follow the principles of our Lord by approaching the tutor or other parent first (Matthew 18:15), without gossip or slander. If I cannot resolve the problem in this manner, I understand that I am free to contact the director to aid in arbitration or resolution.
8. I will join my heart to others in praying regularly for our tutors and students, for gifts of God such as wisdom, respect, physical safety, unity, and growth in grace.
9. My family commits to being peacemakers in the community of GREYFRIARS CLASSICAL TUTORIALS. We will support the tutors and staff by encouraging our student(s) to obey classroom rules and will teach them to respect the other students, tutors and staff, as well as the buildings and property at Resurrection Presbyterian Church.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Notice of Nondiscriminatory Policy as to Students:** *Greyfriars Classical Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Greyfriars Classical Academy does reserve the right to select applicants for admission on the basis of personal religious commitment and beliefs, academic performance, and willingness to cooperate with the Greyfriars Classical Academy Board and Administration and to abide by its policies.*

**AUTHORIZATION TO CONSENT TO MEDICAL OR DENTAL TREATMENT FOR A MINOR CHILD**

We, [insert your name(s)] \_\_\_\_\_ and \_\_\_\_\_, do hereby state that we are the natural parents/legal guardians having legal custody of [list your student(s) participating in the Tutorial program]:

\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_

who reside(s) with us at [insert your address] \_\_\_\_\_

\_\_\_\_\_. In the event that reasonable efforts to reach us at home, at work or on our cell phone are unsuccessful, we do hereby unconditionally grant and authorize a faculty or staff member of Greyfriars Classical Tutorials, Grammar and Logic, in the school year 2026 - 2027, to consent to the following:

- Administration of any treatment deemed necessary by a licensed physician or dentist when the need for such treatment is immediate.
- The hospitalization of a minor, if in the opinion of the attending physician it is deemed essential for his/her proper and adequate treatment. This authorization does NOT cover major surgery unless the medical opinions of two other licensed physicians or dentist concur to the necessity for such surgery.

Information concerning the above-mentioned child(ren)'s medical history, including allergies, medication being taken and any physical impairment to which the physician should be alerted, should be noted on page 2 or 3 above and are the responsibility of the parent to communicate.

If your child has a severe allergy or an ongoing medical condition, signing below acknowledges your understanding of an increased risk to your child's health while in the classroom setting and away from parental care. (See Release of Liability form.)

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Witness signature (required) \_\_\_\_\_

Date \_\_\_\_\_

## STATEMENT OF FAITH

This is the statement of faith of Greyfriars Classical Tutorials. Your signature at the end of this application indicates your full agreement with this statement of faith.

1. I believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.
2. I believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
3. I believe that God created the heavens and the earth and all they contain, and that He upholds and governs them in accordance with his eternal will.
4. I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
5. I believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
6. I believe that salvation is by grace through faith alone.
7. I believe that faith without works is dead.
8. I believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
9. I believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
10. I believe in the spiritual unity of all believers in our Lord Jesus.
11. I believe that God defined marriage as the life-long covenant between one man and one woman, and that all forms of sexual activity outside of marriage are sin.
12. I believe that God immutably creates each person to reflect His image as male or female.

## APPLICATION SIGNATURE

I affirm my full agreement with the statement of faith listed above. I certify that this application is correct.

**Signature of Father/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Mother/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*(If you take exception to any item listed in the statement of faith, or if one parent is unable to sign, please offer a complete explanation.)*