



2701 Rice Road • Matthews, NC 28227 • 704.315.5774 • [info@greyfriarsclassical.org](mailto:info@greyfriarsclassical.org) • [www.greyfriars.net](http://www.greyfriars.net)

### PRIORITY REGISTRATION FOR 2026 - 2027

Full-time returning students and their siblings will be given priority enrollment consideration if we have more students apply than slots available for each grade. Priority consideration does not guarantee a space for students who are new to the program. To take advantage of priority placement, **returning families need to register new and returning student(s) and pay the \$500 per child registration fee (\$400 for kindergarten) by Thursday, January 29, 2026.** After that date, new students will be invited to apply until all spaces are filled.

1. Confirm contact information:

Mother's cell phone or best number: \_\_\_\_\_

Father's cell phone or best number: \_\_\_\_\_

Official email(s) for all GCT correspondence: \_\_\_\_\_

2. Current church home: \_\_\_\_\_

Are you members? \_\_\_\_\_

Have there been any changes in family/living situation (e.g., divorce, death, move, etc.) or church affiliation in the past year? \_\_\_\_\_ If yes, please explain:

**Returning students:** Please re-enroll the following child(ren) in GCT for 2026-2027.

Name	Grade	Total amount due (see page 2):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**New students:** Please add the following sibling(s) as new students in GCT for 2026-2027. Note that priority status does not guarantee a space for students who are new to the program.

Full Legal Name (circle preferred)	DOB	Grade	Total amount due (see page 2):
_____	_____	_____	_____
_____	_____	_____	_____

### PERSONAL INFORMATION

Do any of your children have any special needs that would present challenges or require attention in a traditional classroom setting? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your children have any physical disabilities and/or any serious illnesses, disease, injuries, or allergies? If yes, please explain (Please note if your child carries an EpiPen, and attach additional information if needed).

\_\_\_\_\_  
\_\_\_\_\_

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

**Registration Fee** (*reserves your class seats until July 1*): Please enclose a check with this form for the total of registration fees for all children. Registration is non-refundable unless we are unable to seat your child.

**Tuition:** See below for pricing. Due by July 1 or at registration, if after that date. If a payment plan is desired, applicants must request this when registering.

**Books:** Parents are responsible to purchase all of the books needed for the classes enrolled in. A book list will be available at the beginning of the summer.

<b><u>Kindergarten</u></b>	<b>Registration Fee, per child (due at registration)</b>	<b>\$400</b> <input type="checkbox"/>
	<b>Tuition (due July 1)</b>	<b>\$975</b> <input type="checkbox"/>
	<b>Total Kindergarten</b>	<b><u>\$1,375</u></b> <input type="checkbox"/>
<b><u>Grammar 1 - 5</u></b>	<b>Registration Fee, per child (due at registration)</b>	<b>\$500</b> <input type="checkbox"/>
	<b>Tuition (due July 1)</b>	<b>\$1,600</b> <input type="checkbox"/>
	<b>Total for Grammar 1 - 5</b>	<b><u>\$2,100</u></b> <input type="checkbox"/>
<b><u>Logic 6 - 8</u></b>	<b>Registration Fee, per child (due at registration)</b>	<b>\$500</b> <input type="checkbox"/>
	<b>Tuition (due July 1)</b>	<b>\$3,600</b> <input type="checkbox"/>
	<b>Total for Logic 6 - 8</b>	<b><u>\$4,100</u></b> <input type="checkbox"/>

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

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

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

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

*Greyfriars Classical*  
*Attn: Gwenna Garvey, Registrar*  
*2701 Rice Rd.*  
*Matthews, NC 28105*  
[registrar@greyfriarsclassical.org](mailto:registrar@greyfriarsclassical.org)

**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.*

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

**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:

Father’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

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

**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 dentists 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 \_\_\_\_\_

Phone \_\_\_\_\_

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

Date \_\_\_\_\_

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.

## PARENTAL AGREEMENT & APPLICATION SIGNATURE

I am familiar with the contents of the [Family Commitment Form](#) and reaffirm my commitment to it as well as full agreement with the Statement of Faith above. I have read and fully support and will abide by all Greyfriars Tutorials' policies, including those of the [Parent/Student Handbook](#) [note: the 2026-2027 GCT Handbook will be posted as soon as it becomes available]. I understand my financial commitment and the dates that payments are due, and I agree to meet my obligations to the program faithfully. I certify that this application is correct.

*(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.)*

**Signature of Father** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Mother** \_\_\_\_\_

**Date** \_\_\_\_\_