



2401 Hidden Trail Ct • Matthews, NC 28105 • 704.771.6674 • milvain@greyfriarsclassical.org • www.greyfriarstutorials.org

PRIORITY REGISTRATION FOR 2019 - 2020

Full-time returning students and their siblings will be given priority enrollment consideration if we have more students apply than there are slots available for each grade. In order to take advantage of priority placement, **returning families need to register their returning student(s) and pay the \$250 per child registration fee by the priority deadline of January 31, 2019.** After February 19, other students will be invited to enroll 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 for all GCT correspondence: _____
2. Have there been any changes in family/living situation or church affiliation in the past year, or is there any reason you are not still able to sign our [statement of faith](#)? _____
 If yes, please explain: _____

Returning students: Please re-enroll the following child(ren) in GCT for 2019-2020.

<i>Name & Grade</i>	<i>Full-/part-time* (Logic only)</i>	<i>Total amount due: (see page 2)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

New students: Please add the following sibling(s) as new students in GCT for 2019-2020.

<i>Full Legal Name (circle preferred)</i>	<i>DOB & Grade</i>	<i>Full-/part-time* (Logic only)</i>	<i>Total amount due: (see page 2)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(For Logic part-time students only) Please enroll my student in the following classes: (see page 2 for pricing)

<u>Name of class:</u>	<u>Cost:</u>
Classical Core (History, Literature, Latin, and Writing)	_____
Humanities (History and Literature)	_____
Math	_____
Latin	_____
Science	_____
Monday Classes	_____
Total tuition amount due for Logic part-time classes:	_____

2019 - 2020 TUITION AND FEES INFORMATION:

<u>Kindergarten</u>	Registration and Facility Fee (due at registration)	\$250
	Supply Fee (due April 1)	\$55
	Tuition (due July 1)	\$525
	Total Kindergarten	\$830
<u>Grammar 1 – 5</u>	Registration and Facility Fee (due at registration)	\$250
	Supply Fee (due April 1)	\$140
	Tuition (due July 1)	\$900
	Total for Grammar 1- 5	\$1290
<u>Logic 6, 7 and 8</u>	Registration and Facility Fee (due at registration)	\$250
	Supply Fee (due April 1)	\$50
	Science Fee (due April 1)	\$50
<i>Full-Time Tuition</i>	(due July 1)	\$1300
<i>Classical Core</i>	Includes: History, Literature, Latin and Writing	\$1050
<i>A La Carte Classes</i>	Latin, Math, History, Literature and Science *	\$250 per class
<i>Monday Classes</i>	Latin, Math, Bible Survey, Aesthetics, Art and Study Hall	\$1,000

All tuition and fees are non-refundable.

The need for a payment plan must be communicated at the time of registration.

Please make checks payable to Greyfriars Classical Academy.

You may mail your registration and payments to Jennifer Milvain: 2401 Hidden Trail Court, Matthews, NC 28105

FINANCIAL OBLIGATIONS

Registration Fee: \$250 (*reserves your class seats until April 1*)

Please enclose a check for \$250 **per child** with this enrollment form. Registration is non-refundable unless we are unable to seat your child.

Supply Fee and Science Lab Fee (if applicable): See below for pricing; due by April 1.

Full-time or part-time tuition: See below for pricing. Due by July 1, 2019, or at registration, if after that date.

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

Total included now for registration: _____

Total supply and lab fees due April 1: _____

Total tuition due July 1: _____

Total amount due for all children: _____

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.

PARENTAL AGREEMENT

I/we are familiar with the contents of the [Family Commitment Form](#) and reaffirm my/our commitment to it as well as to the [Statement of Faith](#). I/we have read and fully support and will abide by all Greyfriars Tutorials' policies, including those of the Parent/Student [Handbook](#). I/we understand my/our financial commitment and the dates that payments are due, and I/we agree to meet my/our obligations to the program faithfully.

Signatures of Parents/Guardians:

Date: _____

Date: _____

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

We _____ and _____ do hereby state that we are the natural parents/legal guardians having legal custody of:

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

who reside(s) with us at _____.

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 2019-2020, to consent to:

- 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’s medical history, including allergies, medication being taken and any physical impairment to which the physician should be alerted are noted on the back of the consent 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 #3.)

Signatures of Parents/Guardians:

_____ Date: _____

_____ Date: _____

RELEASE OF LIABILITY

Parties:

Facility Owner – Matthews Orthodox Presbyterian Fellowship, Inc., a North Carolina non-profit corporation

Utilizing Organization – Greyfriars Classical Academy, a North Carolina non-profit corporation doing business as Greyfriars Classical Tutorials (Grammar & Logic)

Minors - (please list all) _____

1. The undersigned represents to Matthews Orthodox Presbyterian Fellowship, Inc., also known as Matthews Orthodox Presbyterian Church (hereinafter MOPC) 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 MOPC.

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. (Please initial) _____, the undersigned, WAIVES ANY CLAIMS AND/OR CAUSES OF ACTION against MOPC 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 MOPC, 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 MOPC.

AUTHORIZATION

I, _____, 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 the minor(s)’, listed above, behalf.

Signature _____ Date _____

Address _____ Phone _____

Witness _____ Date _____