



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

GRAMMAR & LOGIC

New Families Application and Registration Forms

2019 - 2020

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 mother's email and cell are best for all official GCT correspondence.

Check ALL that apply:

Student(s) live with:

Check if appropriate:

Mother and Father Stepfather Legal Guardian Parents Separated Mother Deceased Mother Remarried

Father Mother Stepmother Parents Divorced Father Deceased Father Remarried

Home Church _____

Are you members of this church? _____ For how long? _____

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 don't yet know what my educational philosophy is.
- e) Other: _____

Briefly describe your past educational choices for your family. _____

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

Who or what has most influenced your decision to apply to GCT? _____

What most appeals to you about GCT? _____

All tuition and fees are non-refundable.

Applications will be considered in the order they are received, but priority will be given to full-time students over part-time students.

Registration and facility fee are due upon registration. Supply and Lab fees are due April 1. Tuition is due by July 1.

If a payment plan is desired, applicant must request this option at the time of registration. Please make checks payable to Greyfriars Classical Academy. Mail registration and payments to Jennifer Milvain, 2401 Hidden Trail Court, Matthews, NC 28105

Part B – Student Information

(Make additional copies of following page if registering more than four children.

See page 5 for options and pricing.)

Student 1:

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 Complete Classical Core History/Lit Math Science Latin

7 Complete Classical Core History/Lit Math Science Latin

Logic optional 2nd day:

8 Complete Classical Core History/Lit Math Science Latin

6th - 8th

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 Complete Classical Core History/Lit Math Science Latin

7 Complete Classical Core History/Lit Math Science Latin

Logic optional 2nd day:

8 Complete Classical Core History/Lit Math Science Latin

6th - 8th

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? _____

“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

Student 3:

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** Complete Classical Core History/Lit Math Science Latin

7 Complete Classical Core History/Lit Math Science Latin

8 Complete Classical Core History/Lit Math Science Latin

Logic optional 2nd day:

6th - 8th

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 4:

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** Complete Classical Core History/Lit Math Science Latin

7 Complete Classical Core History/Lit Math Science Latin

8 Complete Classical Core History/Lit Math Science Latin

Logic optional 2nd day:

6th - 8th

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 _____

"The best education is an education in the best things." Charles Spurgeon

Tuition and Fees Information – 2019/2020

Kindergarten

Registration and Facility Fee	\$250
Supply Fee	\$55
Tuition	\$525
Total	\$830

Grammar 1 – Grammar 5

Registration and Facility Fee	\$250
Supply Fee	\$140
Tuition	\$900
Total	\$1290

Logic 6, 7 and 8

Registration and Facility Fee	\$250
Supply Fee	\$50
Science Lab Fee (if applicable)	\$50
Tuition	
Complete Program 6, 7, 8 (all classes taken)	\$1300
Classical Core (History/Literature/Latin/Grammar & Composition)	\$1050
<i>A la carte classes:</i>	
History, Literature, Latin, Math and Science * (price is per class)	\$250

*Grammar & Composition is not available *a la carte*, only as part of complete program or classical core.

Optional 2nd day for L7 and L8 (Mondays 8:00-3:00): \$1000

(Students will receive instruction and practice, help in completing work assigned on Thursday, and enrichment. Classes: Math, Latin, Grammar/Composition, Music, Art, Bible Survey.)

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 - _____

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.

_____, 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 _____

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 or will read through the program [handbook](#) (found on the website on the Applications page) and 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 fulfill parent jobs to help the program run smoothly. If I have a student in the Logic program, I agree to facilitate his or her turn in cleaning the building after school.
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 after July 1, 2019. (Although late registration is possible through the summer, all checks collected at the time of late registration are non-refundable.)
6. 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.
7. 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.
8. 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 Matthews Orthodox Presbyterian Church.

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

_____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

whom 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 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.)

Signatures of Parents/Guardians:

_____ Date: _____
_____ 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.

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.)