



AGAPE Preschool

~ a God-centered, active preschool experience ~

13501 North Gayton Road ~ Henrico, VA 23233

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APPLICATION FORM- 2016-2017

Please complete a separate form for each child you wish to enroll.

A non-refundable application fee is required when you submit this form.

Application fee: \$50 New Students, \$40 returning student

Child's Full Name			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	____ / ____ / 20 ____ (MM/DD/YY)		
Home Address			
City		Zip	
Home Phone	() -		
Email Address			
Mother's Name			
Employer			
Cell Phone	() -	Work Phone	() -
Father's Name			
Employer			
Cell Phone	() -	Work Phone	() -
Allergies			
Special needs	<input type="checkbox"/>	<input type="checkbox"/>	

Office Use Only

Date Received _____ Registration Fee \$ _____ cash check # _____

Start Date _____

End Date _____

Please enroll my child in the following class(es):

Each class will be offered based on minimum enrollment requirements. Please indicate your first and second choices, if applicable.

	Class	Days Available	Minimum Age	Monthly cost if co-oping	Monthly cost if NOT co-oping
	Twos	Monday, Wednesday	2 by Sept. 30, 2016	\$140	\$175
	ESL	Monday, Wednesday, Friday	2 by Sept. 30, 2016 or 3 by Sept. 30, 2016	NO Co-Op Available	\$232
	Threes	Tuesday, Friday	3 by Sept. 30, 2016	\$130	\$165
	Threes	Monday, Wednesday, Friday	3 by Sept. 30, 2016	\$195	\$230
	Fours	Monday, Wednesday, Friday	4 by Sept. 30, 2016	\$185	\$220
	Fours	Monday, Tuesday, Wednesday, Friday	4 by Sept. 30, 2016	\$255	\$290
	Pre-K	Monday through Friday	5 by April 30, 2017	NO Co-Op Available	\$345
	Thursday	Thursday (add to any class)	2 by Sept. 30, 2016	NO Co-Op Available	\$79

I understand that AGAPE is predominantly a cooperative preschool. If I enroll my child in a co-op class, I understand that I must co-op approximately once a month to receive the \$35 credit.

Signature of parent or guardian: _____

Date: _____

Please contact the office if you have not received a contract or email by April.

Thank you.