

Returning Student Registration Form



110 SE Maynard Rd. Cary, NC 27511
919-469-0140

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Office Administrator: Elizabeth Dunn gfccdunn@gmail.com

* Asked for the purposes of non-profit status

Child's Name: _____

Gender: M _____ F _____

Date of Birth: ____ / ____ / ____

Language Spoken at home: _____

* Race and Ethnicity: _____

* Religious Affiliation: _____

PARENT/GUARDIAN CONTACT INFORMATION

Use my contact information that is currently on file with GFCC : _____

I have updated my contact information on the back of this form: _____

PLEASE INDICATE YOUR CLASS PREFERENCE BELOW

You may rank your order of preference with 1 being your first choice

Registration Fee: \$150 (\$75 for each additional child)

Tots 1-year by 8/30/25
Must be walking
9:15am-12:15pm
_____ MWF \$325/m
_____ T/Th \$280/m
Activity Fee: \$75

2s 2-years by 8/30/25
9:20am-12:20pm
_____ MWF \$345/m
_____ T/Th \$300/m
Activity Fee: \$100

3s 3-years by 8/30/25
9:00am-12:30pm
_____ M-F \$450/m _____ MWF \$375/m
_____ M-Th \$400/m _____ T/Th \$325/m
Activity Fee: \$125

4s 4-years by 8/30/25
9:10am-1:10pm
_____ M-F \$475/m
_____ M-Th \$430/m
Activity Fee: \$200

Transitional Kindergarten (TK)
5-years by 11/30/25
9:00am-1:00pm
_____ M-F \$500/m
Activity Fee: \$200

Please read the following information and provide your signature below.

- All registration fees are non-refundable with the following exception: TK registration fees are refundable until May 1st, 2025
- Children enrolled in 3s, 4s and TK classes must be fully potty trained (no diapers or pull-ups) on the first day of school.
- Parents must provide an updated vaccination record prior to the first day of school. GFCC does not accept vaccination exemptions based on religious or personal beliefs.
- Student enrollment will be confirmed by the GFCC office via email and is not guaranteed until all registration fees are paid.

I acknowledge that all information provided on this form is accurate and agree to all stipulations and policies as stated.

Signature: _____

FOR OFFICE USE ONLY

Class: _____ Date Received: _____

Registration Fee Paid: \$ _____ Cash Receipt#: _____ Check#: _____

New Student: _____ Returning Student: _____ GFBC Member: _____ GFBC Employee: _____ GFCC Employee: _____

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UPDATED PRIMARY CONTACT INFORMATION Relationship: _____

Name: _____

Phone #: _____

Email: _____

Address: _____

City & Zip Code: _____

UPDATED SECONDARY CONTACT INFORMATION Relationship: _____

Name: _____

Phone #: _____

Email: _____

Address: _____

City & Zip Code: _____