



Thank you for your interest in Growing Place Preschool. Please complete the registration form and return it with a non-refundable \$50 registration fee to the address listed below. If you have any questions, please email lclampitt@hnaz.org.

Please make checks payable to HFCN and include Growing Place on the memo line.

Child's Full Name _____ Nickname _____

Date of Birth (mo/day/year) _____

Sibling(s) Names and Ages _____

Parent/Guardian Information

Name _____

Relationship to Child _____

Address _____

City/State/Zip _____

Cell Phone _____

Email Address _____

Employer _____

Position _____

Name _____

Relationship to Child _____

Address _____

City/State/Zip _____

Cell Phone _____

Email Address _____

Employer _____

Position _____

Available Programs 2024-2025 - Please select one (Classes meet 9:00am-12:00pm*)

_____ Early Learners (2-yr olds)
1 morning - Tues **OR** Thur
Two by April 1st - \$60/mo.
**Class meets 9:30-11:30*

_____ Beginners (3-yr olds)
2 mornings Tues/Thur
Three by Sept 1st - \$100/mo

_____ Pre-K (4-yr olds)
3 mornings Mon/Wed/Fri
Four by Sept 1st - \$120/mo.

_____ Pre-K (4-yr olds)
5 mornings Monday-Friday
Four by Sept. 1st - \$160/mo.

_____ Pre-K Plus (5-yr olds) – For Kindergarten-age children
5 mornings Monday-Friday
Five by Sept 1st - \$160/mo.

How did you hear about Growing Place Preschool? _____

Do you have a church family? _____

Please note that Growing Place families are expected to take part in two simple fundraisers each school year.

Parent's Signature _____ Date _____

**Please mail along with non-refundable application fee to:
Growing Place Preschool, 1555 Flaxmill Road, Huntington, IN 46750**