

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 9/30/25  
Must be walking  
9:15am-12:15pm  
\_\_\_\_\_ MWF \$325/m  
\_\_\_\_\_ T/Th \$280/m  
Activity Fee: \$75

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

**3s** 3-years by 9/30/25  
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 9/30/25  
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: \_\_\_\_\_