



# GRACE CHRISTIAN PRESCHOOL

P.O. Box 188  
Prosperity, SC 29127  
803-364-3330

Spring 2025

Dear Parents:

Grace Christian Preschool is now accepting student enrollments for the 2025-2026 school year. We appreciate your inquiry into our program, as well as your interest in quality Christian education for your preschool-age child. Because preschool is offered as a ministry of Grace Lutheran Church, we make every endeavor to keep fees as low as possible. The fees are not intended to “make money” for the church or preschool, but rather to cover the cost of staff, insurance, supplies, activities, etc.

Grace Christian Preschool will begin in September 2025 and then follow the calendar for the School District of Newberry County. Classes begin at 8:40 a.m. with an optional Early Bird drop-off at 8 a.m. Classes for 2-year-olds will be held two days per week. Classes for 3-year-olds will be held three days per week. Classes for 4-year-olds will be held four days per week. Class size is currently limited to 8 students per 2-year-old class; 12 students per 3-year-old class; and 16 students per 4-year-old class. A Combo Class may be offered if enrollment is sufficient. Applications will be accepted on a first-come-first-served basis. A waiting list will be maintained.

In order to reserve a space for your child, please complete and return the **Application for Enrollment and the Parent/Guardian Agreement and Consent Form along with the nonrefundable registration fee**. Before June 1, 2025, the registration fee is \$65; after June 1, 2025, the fee is \$80. These forms and the registration fee should be mailed to:

Grace Christian Preschool  
Attn: Robin Romano, Director  
P.O. Box 188  
Prosperity, SC 29127.

The **Medical Form** should be completed, signed, and returned before school begins in September. In addition to this Medical Form, a S.C. Certificate of Immunization is required for children entering preschool. Before a child can begin school, this certificate must be signed by the child’s doctor or the health department. **Without this special Certificate of Immunization, we cannot admit your child to preschool.**

A summary of information is attached to this letter. Complete policies are detailed in the Grace Christian School Handbook, which will be distributed to all accepted applicants. If you have questions or need additional information in the meantime, please do not hesitate to call the Preschool office at 803-364-3330.

Again, we appreciate your interest in Grace Christian Preschool. May you continue to be blessed in your calling as a parent and guardian of your unique and special child!

Robin Romano  
Grace Christian Preschool Director

G.W. “Chop” Cooper  
Grace Christian Schools Administrator

**GRACE CHRISTIAN PRESCHOOL**  
**2024-2025 Summary of Information**

2-year-old Class: 2 days

3-year-old Class: 3 days

4-year-old Class: 4 days

**Age and Birthdates**

The birthday for two-, three-, and four-year-olds should be on or before September 1, 2025.

**Tuition**

Yearly tuition is divided into **nine monthly installments (September - May)** for your convenience.

Tuition is:               **\$130 per month for the 2-day program**  
                                  **\$150 per month for the 3-day program**  
                                  **\$170 per month for the 4-day program.**

Preschool staff salaries and other expenses are based on a regular number of children; therefore, there is no deduction in tuition for daily absenteeism. This regular income allows us to maintain the low teacher/child ratio so important to your child's preschool experience. Our tuition is a *yearly tuition* that is divided into nine equal payments; therefore, all monthly payments are the same (including December.)

**Early Bird Drop-Off (optional)**

An optional Early Bird Drop-off period is available from 8 a.m. to 8:40 a.m. for the days your child is attending class. The children will have supervised play during this time. In addition to the regular tuition cost, Early Bird program will cost \$10 per month for one day per week; \$20 per month for two days per week; \$30 per month for three days per week; and \$40 per month for four days per week.

**Registration Fee**

**A nonrefundable fee of \$65 before June 1, 2025, and \$80 after June 1, 2025,** is required for registration and must be submitted with the application. **Registration begins on February 3** for returning students and siblings and Grace congregation. **Registration opens to the public on February 24.** Both the Application and the Parent/Guardian Agreement and Consent Form should be submitted with the registration fee.

**Supply Fee**

There is a yearly Supply Fee payable half in September and half in January.

\$70 for the 2-day program	\$80 for the 3-day program	\$90 for the 4-day program
(\$35 in September/\$35 in January)	(\$40 in September/\$40 in January)	(\$45 in September/\$45 in January)

**Payments**

The Supply Fee is payable by September 10 and January 10. Monthly tuition should be paid by the 10th of each month. There will be a \$20 late fee for payments received after the 10th of the month. Should fees become delinquent, the child may not partake of the preschool's services and may be subject to automatic withdrawal. Checks should be made payable to Grace Christian School and may be placed in your child's preschool folder or mailed to: **Grace Christian School**, Attn: Karen West, Treasurer, P.O. Box 188, Prosperity, SC 29127.

**Sibling Discounts**

Registration fee will be \$55 for younger siblings enrolled in the program. There will also be a \$15 per month discount applied toward any younger sibling's tuition.

**Medical Examination**

A S.C. Certificate of Immunization (signed by a physician) and a parent's statement of the child's health at the time of admission should be completed. **All 3-year-olds and 4-year-olds must be potty-trained before starting preschool.**

**Waiting List**

If a waiting list is necessary, registration fees will be refunded for those placed on the list. As spaces become available, those on the waiting list will be contacted in the order that applications were received. Upon contact, repayment of the registration fee will reserve a spot for your child.

**Withdrawal**

Should it become necessary to withdraw your child from this program, a thirty (30) day written notice is required. This ensures that we will be able to fill vacancies as they become available.

**Unscheduled Closing**

In case of inclement weather or local emergency, we will follow the policy of the School District of Newberry County. In case of public school delay, preschool will operate at 9 a.m. for all students and staff.

**GRACE CHRISTIAN SCHOOL**  
**APPLICATION FOR ENROLLMENT (SCHOOL YEAR 2025-2026)**

**Please check:**   ☐   **2-year-old Class**   ☐   **3-year-old Class**   ☐   **4-year-old Class**

Child's Full Name \_\_\_\_\_ Sex: ☐ F   ☐ M

Nickname (*if any*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer/Work Location \_\_\_\_\_

Work Phone/Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer/Work Location \_\_\_\_\_

Work Phone/Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Persons Authorized to care for child in an emergency if mother or father cannot be reached:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Persons authorized to pick up your child from preschool (ID will be required.)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Specify any health problems or parental concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand and agree to Grace Christian School's enrollment policy. I have provided full, correct, and accurate information in this application.*

Name \_\_\_\_\_ Date \_\_\_\_\_

**GRACE CHRISTIAN SCHOOL**

**P.O. BOX 188**

**PROSPERITY, SC 29127**

**PARENT / GUARDIAN AGREEMENT AND CONSENT FORM**

*(to be completed and returned with the application)*

CHILD'S NAME \_\_\_\_\_

I understand and will adhere to the policies and the financial agreement of Grace Christian School.

I hereby authorize Grace Christian School to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualifying physician called by Grace Christian School may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me (parent or guardian) before such action will be taken. I also agree to accept responsibility for the cost of medical services.

My child has permission to participate in all school activities and to go on all field trips and walks with his/her class. I agree not to hold Grace Christian School, the teachers, aides, or volunteers responsible for any and all claims which may arise from any accident(s).

I understand and agree to Grace Christian School's enrollment policy. If it becomes necessary to remove my child from the program at any time during the school year, I will give Grace Christian School thirty (30) days written notice or be responsible for one month's tuition.

My child resides with one parent \_\_\_\_\_ or both parents. \_\_\_\_\_  
Name

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*This form MUST have two signatures. If your child is in the custody of one parent, please indicate.**

**GRACE CHRISTIAN SCHOOL**

**P.O. BOX 188**

**PROSPERITY, SC 29127**

**MEDICAL FORM**

*(to be completed and returned prior to the beginning of the school term)*

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

1. Does the child have any allergies? \_\_\_\_\_ If yes, please describe and include what treatment is being used.
  
2. Does the child display any visible disabilities that the school should be aware of?
  
3. Does the child have chronic sore throats and/or ear infections? Is there any evidence of permanent hearing impairment?
  
4. Does the child have any medical problems such as diabetes, asthma, epilepsy, chronic kidney disease, etc., which should be brought to the school's attention?
  
5. Is the child presently on any medication being administered on a long-term basis? Please describe.
  
6. Is the child potty-trained?

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*\* THIS MEDICAL FORM IS NOT COMPLETE UNTIL A COPY  
OF THE CHILD'S CURRENT IMMUNIZATION RECORD IS ATTACHED.\*\***