



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 _____

Name _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Position _____

Position _____

Available Programs 2026-2027 - Please select one (Classes meet 9:00am-12:00pm*)

Early Learners (2-yr olds)

1 morning - Tuesdays

Two by Aug 1st - \$65/mo.

*Class meets 9:30-11:30

Beginners (3-yr olds)

2 mornings Tues/Thur

Three by Aug 1st - \$120/mo.

Pre-K (4-yr olds)

3 mornings Mon/Wed/Fri

Four by Aug 1st - \$140/mo.

Pre-K (4-yr olds)

5 mornings Monday-Friday

Four by Aug 1st - \$180/mo.

Pre-K Plus (5-yr olds) – For Kindergarten-age children

5 mornings Monday-Friday

Five by Aug 1st - \$180/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**