



Weekday Preschool & Kindergarten

5091 Hwy. 20
Sugar Hill, GA 30518
www.mysugarhillchurch.com
770-945-8681

<i>For Office Use Only</i>	
Reg Date_____	Class Placement
Reg Fee Amt_____	
Check #_____	
July Payment:	
Date Rec'd_____	Notes:_____
Payment Amt_____	_____
Check #_____	_____
Discounts:_____	Class Age:_____
Siblings:_____	Days:_____
	Teacher:_____

Child's Full Name_____ Date of Birth:_____

Prefers to be Called_____ Gender: Male_____ Female_____

Father's Name_____ Cell Phone_____

Business Phone_____ Occupation/Employer_____

Mother's Name_____ Cell Phone_____

Business Phone_____ Occupation/Employer_____

Street Address_____

City_____ Zip Code_____

Home Phone_____ E-Mail Address_____

Parent's Marital Status_____ Do both parents have custody rights?_____

Do you have a church home?_____ Denomination/Religion:_____

Church Name:_____

Cultural Background:_____ Language Spoken in Home:_____

Emergency Contact List

Please provide the names of two people (relatives or friends) that we may contact in the event of an emergency and the parents/guardians cannot be reached:

Name_____

Address_____

Phone_____ Relation to Child_____

Name_____

Address_____

Phone_____ Relation to Child_____

Please complete additional information on back.

Parent Agreement

I wish to enroll my child, _____ at The Family Church Weekday Preschool for the 2008-09 school year. I am enclosing the required registration fee of \$____. I understand the registration fee and any curriculum fees are **non-refundable** and do not apply to any month's tuition. I also agree to make nine additional tuition payments of \$_____ on the 1st day of the following months: July, September, October, November, December, January, February, March, and April. A late fee of **\$20** will be added to my child's tuition for any payments not received by the 10th day of the month due. I understand the July tuition payment confirms and guarantees my child's enrollment for the beginning of school in September, and that it is **non-refundable**. Without receipt of this payment, the Weekday Preschool has the right to relinquish my child's spot to another applicant. I understand that if I must withdraw my child from Weekday, one month's notice is required. I understand that I will be charged a late fee (of **\$5** for each 5 minutes late) if I pick up my child later than 15 minutes after his/her dismissal time. I also understand I will be responsible for paying the bank charges as well as a **\$30** fee for any checks returned by the bank for any reason. If a second check is returned, all future payments must be made in cash or by money order. I understand that the Weekday Preschool reserves the right to disenroll a student and/or to change classes offered at any time for any reason.

Parent/Guardian's Signature

Date

Waiver of Liability

It is mutually agreed that in the event of an accident or illness of my child while in the care of the Weekday Preschool, the Weekday Preschool shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately contacted, the Weekday Preschool will use its best efforts to contact the emergency contacts provided. In the event the parents and the emergency contacts are not immediately available, the Weekday Preschool is authorized to secure such care as the situation may reasonably warrant.

The parent agrees that where the Weekday Preschool has acted in good faith to comply with an accident and/or illness procedure, it shall not be liable for any accident and/or illness to the child, any and all liability as might otherwise exist being expressly waived by the parent.

Parent/Guardian's Signature

Date

Insurance Company & Policy/Group Number

Hospital Preference

Child's Doctor

Phone

Please list any allergies, physical or medical conditions, and/or fears/anxieties.

List any siblings and their ages

Class Selection (Must be that age as of September 1, 2008)

PMO 15 – 23 mos. (M/W, 9:00 – 12:00), \$120 _____

3-Year Old, 4-Day (M – Th, 9:00 – 12:00), 170 _____

PMO 15 – 23 mos. (T/Th, 9:00 – 12:00), \$120 _____

4-Year Old, 3-Day (M/W/F, 9:00 – 1:00), \$165 _____

2-Year Old, 2-Day (T/Th, 9:00 – 12:00), \$120 _____

4-Year Old, 4-Day (M – Th, 9:00 – 1:00), \$185 _____

2-Year Old, 3-Day (M/W/F, 9:00 – 12:00), \$145 _____

4-Year Old, 5-Day (M – F, 9:00 – 1:00), \$205 _____

3-Year Old, 2-Day (T/Th, 9:00 – 12:00), \$120 _____

Young 5's, 5-Day (M – F, 9:00 – 1:00), \$215 _____

3-Year Old, 3-Day (M/W/F, 9:00 – 12:00), \$145 _____

5-Year Old, 5-Day (M – F, 9:00 – 1:00), \$235 _____

3-Year Old, 3-Day (T/Th/F, 9:00 – 12:00), \$145 _____

A non-refundable registration fee (equivalent to one month's tuition) should accompany application.

A non-refundable curriculum fee of \$100 should accompany all Kindergarten applications.

A current immunization form must be provided before child begins preschool.

Please note: Children attending 3-year old classes and older are to be toilet trained.