



Weekday Preschool

5091 Hwy. 20
Sugar Hill, GA 30518
www.mysugarhillchurch.com
770-945-8681 (Phone)
770-271-8632 (Fax)

Child's Full Name _____ Date of Birth: _____

Prefers to be Called _____ Gender: Male _____ Female _____

Father's Name _____ Cell Phone _____

Business Phone _____ Car License Tag # _____

Mother's Name _____ Cell Phone _____

Business Phone _____ Car License Tag # _____

Street Address _____

City _____ Zip Code _____ Subdivision _____

Home Phone #1 _____ Home Phone #2 (if applicable) _____

E-Mail #1 _____ Email #2 _____

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: _____

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

List any siblings and their ages

Class Selection (Child must be, without exception, that age as of September 1, 2010)

15 – 23 Month Old. (M/W, 9:00 – 1:00), \$150	_____	3-Year Old, 4-Day (M – Th, 9:00 – 1:00), 190	_____
15 – 23 Month Old (T/Th, 9:00 – 1:00), \$150	_____	4-Year Old, 3-Day (M/W/F, 9:00 – 1:00), \$170	_____
2-Year Old, 2-Day (T/Th, 9:00 – 1:00), \$150	_____	4-Year Old, 4-Day (M – Th, 9:00 – 1:00), \$190	_____
2-Year Old, 3-Day (M/W/F, 9:00 – 1:00), \$170	_____	4-Year Old, 5-Day (M – F, 9:00 – 1:00), \$210	_____
3-Year Old, 2-Day (T/Th, 9:00 – 1:00), \$150	_____	Young 5's/TK, 5-Day (M – F, 9:00 – 1:00), \$210	_____
3-Year Old, 3-Day (M/W/F, 9:00 – 1:00), \$170	_____	5-Year Old/K, 5-Day (M – F, 9:00 – 1:00), \$230	_____
3-Year Old, 3-Day (T/Th/F, 9:00 – 1:00), \$170	_____		

A non-refundable, non-transferable registration fee (equivalent to one month's tuition + \$10) must accompany application.

A curriculum fee of \$50 is due by April 1 (or at the time of registration if after April 1) for 5-Year Old/K class.

Parents will be asked to provide certain school supplies before preschool begins in September.

A current immunization form must be provided by July 1 (or at the time of registration if after July 1).

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

Please complete additional information on reverse side.

Parent Agreement

I wish to enroll my child, _____ at Sugar Hill Church Weekday Preschool for the 2010-11 school year. I understand that any/all registration and curriculum fees are **without exception non-refundable and non-transferable** 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. If my tuition becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. I understand the July 1st tuition payment confirms and guarantees my child's enrollment for the beginning of school in September, and that it is **without exception non-refundable and non-transferable**. 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 **\$1 per minute**) 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, by money order, or online with a credit card. I understand that the Weekday Preschool reserves the right to withdraw a student from enrollment 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 Sugar Hill Church 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 order listed on the child's clinic card. 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 Pediatrician

Pediatrician's Contact #

<i>For Office Use Only</i>		
Reg Date _____	Registered Class _____	
Reg Fee Due \$ _____	Payment Amt \$ _____ Tender _____	
Siblings _____	Combined Payment _____	
Discount \$ _____	Type _____	
Curriculum Fee \$ _____	Date Rec'd _____ Tender _____	
Payment/Adj \$ _____	Reason _____ Tender _____	
July:	Notes: _____ _____ _____ _____	
Balance _____		Reason _____
Date Due _____		Date Rec'd _____
Payment Amt \$ _____		Tender _____
Immunization Rec'd _____		Expiration _____

Please complete additional information on reverse side.