

Class: _____
Teacher: _____
Age: _____
Tuition/Mo. \$ _____ Reg. Fee \$ _____

Summit Baptist Church Preschool

Enrollment Form

Child's Name: _____ Birth Date: _____
What name does your child go by: _____ Gender: Male _____ Female _____
Address: _____
Street City Zip Code

Father's Information

Name _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Occupation: _____
Email Address: _____
Does your child live with both parents? _____ If no, list with whom the child lives and if both parents have custody rights. _____

Mother's Information

Name _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Occupation: _____
Email Address: _____
Does your child live with both parents? _____ If no, list with whom the child lives and if both parents have custody rights. _____

Name of church your child (family) attends? Are you members? _____
Yes/No

Name of preschool your child attended last year? _____

Emergency Contact Information

List two people other than the child's parents whom we may contact in case of an emergency.

Name: _____ Relationship to child: _____
Phone Number: _____
Name: _____ Relationship to child: _____
Phone Number: _____
Child's Doctor: _____ Phone Number: _____

List any medical problems (allergies, asthma, etc.)

List any medications your child takes on a regular basis:

Names and ages of other children in your home:

Any evidence of hearing loss or difficulties? _____

Any evidence of vision loss or difficulties? _____

Any evidence of speech delays? _____

Any evidence of developmental delays? _____

Is your child enrolled in any other program (speech therapy, physical therapy, etc.?)

_____ If yes, explain: _____

Yes/No

Does your child speak English? _____ Yes/No

What is the primary language spoken in your home if not English? _____

In this section, please explain in what ways you expect our program to benefit your child.

In this section, please explain if there is anything about your child, family or home situation you feel we should know so we may better meet the needs of your child?

I wish to enroll my child, _____, in the following class:
(circle the class and which days your child will attend)

Toddlers	M	TU	W	TH	F
2 Year Olds	M	TU	W	TH	F
3 Year Olds	M	TU	W	TH	F
4 Year Olds	M	TU	W	TH	F

I am enclosing the required enrollment fee of \$_____.

I understand the enrollment fee is non-refundable and is NOT applied to tuition.

I understand that tuition is due on the first of each month. I agree to pay the prorated monthly tuition of \$_____ by the 5th of each month (nine payments - September through May) and an additional \$10 late fee if I pay after the 5th of the month (late notices will be sent home with your child).

I understand the enrollment fee confirms and guarantees my child's enrollment for the beginning of the school year. Without receipt of this payment, the Weekday Preschool program has the right to relinquish my child's spot to another applicant.

I understand that the availability of all classes is dependent upon sufficient enrollment.

I understand that if I must withdraw my child from the program, one month's notice is required and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends.

I understand that if I am late picking up my child, I will be charged a late fee of \$1.00 per minute for each minute after 1:10 pm.

I understand if my check is returned, I will be charged a \$30.00 fee. If a second check is returned, all future payments must be made in cash or by money order.

Parent's Signature: _____ Date: _____

In case of an emergency or accident on the school/church grounds or during any school activity involving my child, _____, which in the opinion of preschool/church staff present requires immediate attention, I hereby grant permission to said preschool/church staff to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. I also grant permission to said physicians to treat said condition unless I am present and request otherwise.

Parent's Signature: _____ Date: _____

THIS SECTION IS FOR 4 YEAR OLD CLASSES ONLY:

I, _____, give permission for my child, _____, to participate in any planned field trips that will be taken this year.

Parent's Signature: _____ Date: _____

THIS SECTION IS FOR 3 and 4 YEAR OLD CLASSES ONLY:

I understand that it is the policy of Summit Baptist Church Weekday Preschool that all students enrolled in the 3 and 4 year old program must be potty trained prior to enrolling in the program.

Parent's Signature: _____ Date: _____

For Office Use Only

Child's Name: _____
Date enrollment form received: _____
Entrance date: _____
Enrollment fee received: \$ _____ Cash _____ Check # _____
Withdrawal date: _____
Number of days attending: 2 3 4 Class (Age): _____
Days of Week Attending: M TU W TH F
Siblings attending:
Name: _____ Age: _____ Class: _____
Name: _____ Age: _____ Class: _____
Name: _____ Age: _____ Class: _____

Please return this form and the applicable enrollment fee to:

SUMMIT BAPTIST CHURCH PRESCHOOL
3080 Highway 81 South
Loganville, Georgia 30052

If you have any questions, please call the preschool office at 770-466-2338.