

Date of Application _____

Child's Full Name _____ Date of Birth _____

What name should we call your child? _____ Gender: _____ Male _____ Female

Father/Guardian's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Mother/Guardian's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Street Address _____

City _____ Zip Code _____ Subdivision _____

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

Primary E-Mail _____

Parents' Marital Status _____ Do both parents have custody rights? _____

Your Family's Church (if applicable) _____ Denomination/Religion _____

Cultural Background/Primary Language Spoken at Home _____

Has child attended preschool in the past? Yes _____ No _____ If yes, where? _____

Does your child have any allergies? Yes _____ No _____ Does he/she require an epipen? Yes _____ No _____

List Allergies: _____

Does Your Child Have Evidence of Hearing Loss, Vision Difficulties, Speech Delays or Developmental Delays?

Does your child receive additional developmental services or intervention (i.e. physical, occupational, or speech therapy, etc.)? Yes _____ No _____ If yes, please explain: _____

2013-14 Class Selection:

- 15 – 23 Month Old (T/Th), \$165 _____
- 15 – 23 Month Old (M/W), \$165 _____
- 2-Year Old, 2-Day (T/Th), \$165 _____
- 2-Year Old, 3-Day (M/W/F), \$185 _____
- 3-Year Old, 2-Day (T/Th), \$165 _____
- 3-Year Old, 3-Day (M/W/F), \$185 _____
- 3-Year Old, 3-Day (T/Th/F), \$185 _____
- 3-Year Old, 4-Day (M – Th), \$205 _____
- 4-Year Old, 3-Day (M/W/F), \$185 _____
- 4-Year Old, 4-Day (M – Th), \$205 _____
- 4-Year Old, 5-Day (M – F), \$225 _____
- Young 5's/TK, 5-Day (M – F), \$225 _____
- Kindergarten, 5-Day (M – F), \$225 _____

Please Note:

- All classes attend 9:00 AM – 1:00 PM.
- A child must be the age of the class as of September 1, 2013 to be eligible for that class.
- Children enrolled in toddler classes (ages 15 to 23 months are only eligible for one rotation – no more than 8 hours per week).
- A non-refundable, non-transferable registration fee (equivalent to one month's tuition) must accompany application.
- Parents will be responsible for providing certain school supplies (as indicated on a school issued list) before preschool begins in September.
- A current immunization form must be provided by August 1, 2013 (or at the time of registration if after August 1, 2013).
- Children attending 3-year and older classes are to be toilet trained.

Parent Agreement *(Please Initial and Sign Below)*

I wish to enroll my child, _____ at Sugar Hill Church Weekday Preschool for the 2013-14 school year. I understand that any/all registration fees are **without exception non-refundable and non-transferable at the time of payment**, and these fees do not apply to any month's tuition. I also agree to make nine additional tuition payments for the amount provided on the front of the form for the registered class on the 1st day of the following months: July, September, October, November, December, January, February, March, and April. Tuition is considered past due if received after the 15th day of the month for which it is due. I understand that a late fee of \$20 will be added to my child's tuition account for any payments not received by the 15th day of the month due. If my tuition account 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 at the time of payment**. Without receipt of this payment by July 1, 2013, the Weekday Preschool has the right to relinquish my child's spot to another applicant. I understand if I must withdraw my child from the Weekday Preschool that one month's notice is required and the July tuition payment will be applied to my last month's tuition. If I have not yet made the July payment due to late enrollment, I understand that I will be responsible for paying the last month's tuition payment if I do not provide one month's notice. 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 that 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 debit or credit card. I understand that Sugar Hill Church Weekday Preschool reserves the right to withdraw a student from enrollment and/or to change classes offered at any time for any reason.

Parent
Initials

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 reached, 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.

Parent
Initials

I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such I agree that where Sugar Hill Church 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 this child, any and all liability as might otherwise exist being expressly waived by the parent.

Parent
Initials

I also agree to read and abide by all of the policies in the parent handbook, which is to be provided by Sugar Hill Church Weekday Preschool. I grant permission for my child's name, our parent names, home address, phone number and email address to be included on the class directory, which may be distributed to other parents in my child's class. I also give permission for my child to be photographed or videoed, understanding that these photos/videos will be used for school purposes only, such photos/videos will not be shared by representatives of Sugar Hill Church in public forums outside of Sugar Hill Church, and the identity of all children will be kept private at all times.

Parent
Initials

By signing below, I hereby acknowledge my understanding and agreement to the aforementioned Parent Agreement.

Parent/Legal Guardian's Signature

Date

For Office Use Only

Reg Date _____	Registered Class _____
Reg Fee Due \$ _____	Payment Amt \$ _____ Tender _____
Adjustment/Reason _____	
Sibling Combined Payment Amount _____	
Sibling #1 _____	Registered Class _____ Discount Applied \$ _____
Sibling #2 _____	Registered Class _____ Discount Applied \$ _____
Additional Payment/Adjustment \$ _____	Reason _____ Tender _____
July: Balance _____	Reason _____
Date Due _____	Date Rec'd _____ Payment Amt \$ _____ Tender _____
Immunization Record Date Rec'd _____	Expiration _____ Contacted Date/Mode _____

Additional Notes _____