



Student Name: _____

DOB: _____

Office Use Only:	ACH Processing:	Yes	No
Application Fee - <u>\$30.00</u>			
Registration Fee- <u>\$65.00</u>			
Before/After Care - <u>\$90/wk. including meals</u>			
School hours only 6.5 hours per day- <u>\$85 monthly*</u>			
*No registration or application fee is due			

Documents required for enrollment:

- ☐ Signed and completed application
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Ear, Eye, Dental Form (3300)
 - ☐ Vision
 - ☐ Hearing
 - ☐ Dental
 - ☐ Nutrition
- ☐ Immunization Form (3231)
- ☐ Proof of Residency
- ☐ Proof of Category I/Category II Status (If Applicable)
- ☐ Photo of Child
- ☐ Tuition Express Form
- ☐ Financial Agreement
- ☐ No registration or matriculation fees are due unless your child stays in the before or after school program regularly, as a drop in, or as a late pick up more than 3 times.
- ☐ Late pick up for school hours fees are \$1 per minute for a max of \$17 per day.



1801 Ellington Road
Conyers, GA 30013
770-860-8900

GEORGIA PRE-K FINANCIAL AGREEMENT

I have chosen the following payment plan(s) for my child's Georgia Pre-K tuition:

_____ (Afterschool option) I agree to pay \$90.00 weekly, due on Friday for the upcoming week, to participate in the Peachtree Prep afterschool program. Late payments will be charged \$10.00 on Monday and \$5.00 on Tuesday. **I understand that enrollment in the afterschool program will be terminated if an account is not current on Wednesday.** I understand that tuition includes all educational activities, a hot lunch, and a nutritious snack. I understand that afterschool charges are averaged throughout the school year and billed each week from the first week of school until the last week of school. This includes weeks when school is out of session. I also understand that I am entitled to two vacation credits per year. A vacation credit will give me a credit equal to half of the price of my normal tuition each week. I understand that I must request a vacation credit a week in advance via email sent to director@peachtreeacademy.com. In order to receive this credit my child must not be in attendance for the entire requested week and my account must be current with no balance due.

*Afterschool requires an additional and separate application packet as well as an annual registration fees. If you are interested in enrolling in afterschool, you must pick up an application from the front desk.

_____ (School Hours only option) I agree to pay **\$85.00** per month, due on the first of each month. I understand a late fee of \$15.00 will be applied to my account on the 5th calendar day of each month, at which point if my account is not paid in full by 5:00 p.m. on the 5th calendar day of each month, **enrollment for my child may be terminated at the discretion of Peachtree Prep Early Childhood School.** I understand that tuition includes all educational activities and a hot lunch.

_____ (Breakfast option – Only available if also enrolled in afterschool) I understand that tuition does not include breakfast. Breakfast is available for an additional \$5 weekly, until 7:50 a.m.

A returned check fee of \$25.00 will be assessed on all returned checks. All returned checks must be paid in cash.

Classroom concerns should initially be addressed to my child's teacher. Administrative staff is available if additional support is needed. **A concern that has not been addressed in this manner is not considered a legitimate reason for withdrawing my child and does not release me from my financial obligation.**

I understand this is a legally binding contract, and I agree to financially support the programs of Peachtree Prep School. Further, I have read the Peachtree Prep Handbook that is provided online and a copy is available at the front desk and I agree to abide by all rules and regulations set forth.

I understand all application, registration and matriculation fees are NON REFUNDABLE.

Student Name _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Director of Admissions/Administrator _____ Date _____

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K

activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

Parental Agreements with Child Care Facility

The _____
(Name of Facility)
agrees to provide child care for _____
(Name of Child)
on _____, beginning at _____ AM
(Days of Week)
and ending at _____ PM from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast	Morning Snack	Lunch	Afternoon
Snack			
	Evening Snack	Dinner	Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian

Date

SIGNED: _____
Facility Administrator / Authorized Person

Date

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

TODAY'S DATE (M/D/Y): ____/____/____		
CHILD INFORMATION:		
Legal Last Name (<i>Apellido</i>):	Name Suffix (<i>Sufijo</i>) (Jr, II, III):	
Legal First Name (<i>Primer Nombre</i>):	Name Child is Called:	
Legal Middle Name (<i>Segundo Nombre</i>):		
Child's Social Security# ____-____-____	DOB (<i>Fecha de Nacimiento</i>) (M/D/Y): ____/____/____	Gender (<i>Sexo</i>): M <input type="checkbox"/> F <input type="checkbox"/>
Date enrolled in Pre-K (M/D/Y): ____/____/____		
PARENT/GUARDIAN INFORMATION:		
Last Name:		First Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/>		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? (*¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?*)

☐ **Yes (Si)** ☐ **No (No)** ☐ **Decline to Answer** (*negarse a contestar*)

Please select **ONE OR MORE** of the following races regardless of how you answered question one. (**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)

2. Is your child:

☐ a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (**Blanco** – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte).

☐ b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (**Asiática** – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)

☐ c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (**Nativo de Hawaii u Otra Isla del Pacífico** – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)

☐ d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. (**Negro o Afro Americano** – Una persona con orígenes en los pueblos provenientes del Africa o en grupo racial Negro.)

☐ e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. (**Indio Americano o Nativo de Alaska** – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)

☐ f. **Decline to Answer** (*negarse a contestar*)

3. What is your child's primary language? (*¿Cuál es el idioma primario de su hijo(a)?*)

☐ **English** (*Inglés*)
☐ **A language other than English** (*Un idioma diferente al Inglés*)

4. Was your child born as a: (*El parto en que Ud. tuvo a su hijo(a) fue de:*)

☐ **Single Birth (1)** (*Un sólo niño*)
☐ **Twin (2)** (*De mellizos*)
☐ **Triplet (3)** (*De trillizos*)
☐ **Quadruplet (4)** (*De cuatrillizos*)
☐ **Quintuplet (5)** (*De quintuples*)

5. Does your child have an Individualized Education Plan (IEP)? (*¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?*)

☐ **Yes (Si)** ☐ **No (No)**

6. Does your child receive any of the following services? (*¿Recibe su hijo(a) alguno de estos servicios?*)

☐ **Childcare and Parent Services (CAPS)** (*child care subsidy program*)
☐ **Food Stamps** (*Cupones de Alimentos*)
☐ **SSI**
☐ **Medicaid**
☐ **Temporary Assistance for Needy Families (TANF)**

7. Will the Pre-K center be providing transportation for your child? (*¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?*)

☐ **Yes (Si)** ☐ **No (No)**

Parent/Guardian Signature

Date



ACH withdrawal is the method of payment that we receive at Peachtree. This allows our campus to be cash free.



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name		Phone #	
Address		City	State Zip
Bank or Credit Union Name			
Bank or Credit Union Address		City	State Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	
Signature		Date	

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here		\$
		Deposit slips not accepted		Dollars
12345678901	10003300	00226		
Routing Number	Account Number	Check Number		

A service of

