



Peachtree Prep Application

Child's name: _____ Enrollment date: _____

Age: _____ Sex: _____ Birth date: _____ Withdrawal date: _____

Father's name: _____ Employer: _____

Employer address: _____ Zip _____

SS # _____ Birth date: _____ Work phone _____ Home phone _____

E-mail address _____

Home address _____ Zip _____

Cell phone: _____ Cell phone Provider: _____

Mother's name: _____ Employer: _____

Employer address: _____ Zip _____

SS # _____ Birth date: _____ Work phone _____ Home phone: _____

E-mail address _____

Home address _____ Zip _____

Cell phone: _____ Cell phone Provider: _____

Child's home address if different from above: _____

_____ Zip _____

Parents: Married Single Separated Divorced

Child lives with: _____

Is this your child's first preschool experience? _____

If no, where did they attend? _____

Information in your child's file must be updated on a regular basis to avoid state intervention.

Physician: _____ Phone: _____

Physician Address: _____ Zip Code: _____

Does your child have any known allergies, physical or mental disabilities, or developmental delays (including premature birth) that would require additional care? Yes No

Does your child have any speech delays? Yes No

To help us understand any special needs, please tell us about them:

Do you plan to continue your child's education at our K-12th grade private school?—

Would you like to serve on a parent advisory committee? —

My child(ren) will attend school at Peachtree Prep:— Full time Part-time

Times of attendance: _____

I authorize my child to be released to the person signing this agreement, emergency contacts and:

Name	Address	Telephone	Driver's License #
------	---------	-----------	--------------------

***All tuition is due on Friday by 6:30 p.m. for the next week. A \$10 late fee will be assessed on Monday and an additional \$5 will be assessed on Tuesday. In your child's best interest, Peachtree Prep limits the amount of time spent in school to 10 hours per day. Additional tuition will be charged for children who stay longer than the maximum.**



Tuition Sheet

Application Fee \$30 • Annual Registration \$65

Annual 10 volunteer hours per family or \$125 service fee towards volunteer projects

East: 1801 Ellington Road Conyers, GA 30013 770-800-8900 (ext. 1004)

Infants _____	Little Paws/Nurture and Love _____	\$210
Early Preschool _____	Busy Cubs/Watch Me Grow _____	\$195
Toddlers _____	Leaps and Bounds/ Bright Minds _____	\$195
Advanced Preschool _____	Discover the World/Explorers _____	\$195
Pre-Kindergarten _____	Enrichment & Meals - GA Pre-K _____	\$95/\$145 camp*
GA-Pre- Kindergarten _____	School Hours Only - Meals _____	\$92/month
Private Pre-Kindergarten _____	Private School _____	\$5,900 or \$590/month
Afterschool Enrichment _____	Pre-K - 5th Grade _____	\$77 for public school \$65 for private school students
Camp Peachtree _____	Pre-K - 5th Grade _____	\$145 camp (2 day \$70)

\$15 early release fee and \$22 for school out all-day

West: 1760 Ebenezer Road Conyers, GA 30094 770-860-8900 (ext.1012)

Covington: 10125 Hwy 142 N Covington, GA 30014 770-860-8900 (ext. 4001)

Infants _____	Nurture and Love _____	\$195
Early Preschool _____	Watch Me Grow _____	\$190
Toddlers _____	Leaps and Bounds _____	\$185
Advanced Preschool _____	Discover the World _____	\$180
Pre-Kindergarten _____	Enrichment & Meals - GA Pre-K _____	\$95/\$145 camp*
GA-Pre- Kindergarten _____	School Hours Only - Meals _____	\$90/month
Private Pre-Kindergarten _____	Private School _____	\$5,900 or \$590/month
Afterschool Enrichment _____	Pre-K - 5th Grade _____	\$75 for public school \$65 for private school
Camp Peachtree _____	Pre-K - 5th Grade _____	\$145 camp (2 day \$68)

\$15 early release fee and \$22 for school out all-day

Parent Handbook Acknowledgment Form

I have received and read a Peachtree Prep handbook. I fully understand and agree to comply with all policies and procedures as set forth.

____ I have received a hard copy of the handbook.

____ I have read the parent handbook online at peachtreeacademy.com

I understand the importance of my commitment to an excellent education for my child. Peachtree Prep agrees to work towards the best interest of my child and I agree to help by building a relationship with my child's teachers. I commit to volunteering at least 10 hours per year, per child as a volunteer at the school, 15 max per family, or pay the \$125 service fee towards projects benefiting the school. I agree to be courteous in all actions with the staff and administration.

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____



Student Profile

Child's Name _____ Date of Birth _____ Current age _____

This profile will stay with your child's teachers. Your child's teachers will benefit from the continual updating of this form by you if changes occur. Communication is the key to a successful relationship between teachers, children, and parents. Our school wants families to be engaged in the learning and growth process. Each family is expected to contribute at least 10 hours of volunteer time per year or pay a \$50 service fee that will go towards the purchase of equipment and/or supplies for school projects.

1. Where has your child had previous preschool experience? _____

2. What would you most like for your child to experience with us? _____

3. What does your child most enjoy doing? _____

4. Does your child have any particular fears? _____

5. Do you consider your child shy or outgoing? _____

6. Does your child play with other children? _____

7. About what things does your child express the most curiosity? _____

8. List the names and ages of other children in your family home. _____

9. How long does your child nap? _____

10. How many hours of sleep does your child receive at night? _____

11. Does your child have allergies? If so, please explain. _____

12. Does your child have any special medical or physical needs? _____

13. Do you have a special cultural interest/hobby that you would like to share with the children? _____

14. Are you available to help with special events? _____

15. What kind of healthy foods/meals does your child eat? _____

16. Does anyone else care for your children? (Grandparents, Neighbors, etc.)? _____

17. We would like to support your child's heritage and cultural identity at school. Are there any special traditions, celebrations, or songs that are especially important to your family and your child? _____

18. What is your native language? _____

19. Are other languages spoken at home? _____

Signature of Parent _____ **Date** _____

Email address _____



Medical and Liability Release Form

Child's Name _____ Class _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother/Guardian Name _____ Father/Guardian Name _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact Name #1 _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to family: _____

Emergency Contact Name #2 _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to family: _____

Family Physician Name: _____

Phone Number: _____

Medical History: Any Allergies/Conditions that would affect the student's activities or progress?

I hereby authorize Peachtree Prep to secure necessary emergency/medical attention for my child in the event of an illness or injury at school or on any school sponsored function. In the event that I cannot be reached in an emergency situation, I hereby authorize that my child is treated as a Peachtree Academy staff member or EMT deems necessary. I also authorize emergency transportation by the school or EMS. I hereby authorize the physician chosen by, Peachtree Academy to hospitalize, secure proper treatment for my child as deemed necessary. I also agree to assume financial responsibility for any such services rendered.

I hereby agree to assume and accept all risks and hazards inherent to school-related activities. I agree not to hold Peachtree Prep, the employees, or chaperones liable for damages, losses, or injuries to the student. I understand that I am signing for the student on this form and the signature is for medical and liability release.

Student's Name _____ **Date** _____

Parent's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____



Vehicle Emergency Medical Information Transportation Agreement

Child's Name _____ D.O.B _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Known Allergies? _____

Current Medications? _____

Special Needs/Conditions? _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

In the event of an emergency, and parents cannot be reached, please contact:

Name _____ Phone _____

Child's Physician: _____ Phone _____

Peachtree Academy uses the following medical center: **Piedmont Newton, 5126**

Hospital Dr NE, Covington, GA 30014 770-786-7053

I give permission for my child, _____ to ride on the Peachtree Academy van to be transported to and from public/private school and/or on designated field trips.

- My child attends _____ school and is to be transported from Peachtree Academy at _____ a.m. and to arrive at designated school at _____ a.m.
- My child is to be picked up from _____ school at _____ p.m. and returned to Peachtree Academy at _____ p.m. as set forth in the transportation plan.

Children will be provided seats with seat belts if they ride in a bus where they are required. We ask that you discuss vehicle safety with your child. You must call by 1:30 p.m. if your child will not need to be picked up at public/private school. Peachtree only assumes responsibility for children given to them by the school system. Failure of the school system to have children available for pick up as planned may result in the delay of your child's pick up. Please make sure school officials know your child attends Peachtree Academy.

In the event of an emergency involving my child and I cannot be reached, I hereby authorize any necessary medical care to be given. I further agree to hold harmless Peachtree Academy and its representatives from all liability. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____



Sunscreen Permission Form

During the warm summer months, our students enjoy a wide variety of outdoor activities. In our ongoing effort to provide the highest quality of care to all of our Peachtree Prep families, health and wellness are a primary concern.

With the additional outdoor games and activities being scheduled for these gorgeous summer days, it is important that we keep UV protection in mind. To ensure that your child is being protected from the harmful rays of the sun, Peachtree Prep Teachers will be applying sunscreen daily.

Please be sure to complete the permission form below and return it to the administrative staff. You will need to check with the administrator to see if you need to bring in a bottle of sunscreen.

Child's Name: _____

Classroom: _____

I give permission for the Peachtree Prep Staff to administer the application of sunscreen to my child.

No, I do not give permission for Peachtree Prep Staff to administer the application of sunscreen to my child. I fully understand the harmful effects of UV rays.

I hereby understand that I am responsible for supplying, replenishing, and labeling my child's sunscreen. I release the staff of Peachtree Prep from all liability in the event of any reaction from the sunscreen applied.

Signature of Parent/Legal Guardian _____ **Date** _____

Tuition Policies - Please check each box for acknowledgment:

Tuition includes educational activities, a hot lunch, and a nutritious snack.

Tuition is due weekly on Friday for the upcoming week. *ACH is our method of receiving a payment each week and, families should have a completed form on file for the tuition.*

Late tuition payments will be charged \$10 on Monday, \$5 on Tuesday. (Enrollment may be terminated if your account is not current on Wednesday. Late fees will continue to be assessed on the account balance until the account is paid in full, even if your child is withdrawn. All collection and legal fees will be borne solely by the client.)

The full tuition amount is due on holiday weeks, including New Year's Day, Good Friday at 3:00, Memorial Day, 4th of July, Labor Day, Thanksgiving, and the day after, Christmas Eve at 3:00, Christmas day.

A two-week written notice must be given for withdrawal of a student; otherwise, full tuition will be due for two weeks after the last date of attendance. Late fees will apply as applicable.

Application and registration fees are non-refundable.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Peachtree Prep School Policies

Please initial each line for acknowledgement

We are open year-round M-F from 6:30 am - 6:00 p.m. Attendance is up to 10 hours per day. _____

All children must be escorted in and out of the building by the parents or authorized guardians. _____

Each child must keep a complete change of clothes at the school in the event of accidents. (shirt, pants, underwear, and socks) _____

Please call Peachtree Prep by 9:00 AM if your child will not attend school that day. Daily drop off ends at 9:00 am. (We kindly request that children not be picked up during nap time from 11:30 AM - 2:00 PM) _____

During the school year, please do not park under the awning in front of the building between 7:50 am - 8:15 am and 2:30 pm - 2:50 pm. These are carline hours for our Pre-Kindergarten class. _____

Please notify the office staff in advance if your child will be absent for an entire week Monday through Friday and you will receive two ½ price weeks credit per enrollment year after 6 months of attendance. _____

Children with a fever of 100 degrees or higher will be sent home. Children will not be admitted until fever and/or symptom-free for 24 hours without the use of fever-reducing medications. _____

"Authorization to Administer Medication Form" must be completed and signed on a weekly basis by the parent. We do not administer ongoing treatment unless we have a letter on file from your doctor. (All medication must be in the original container with the child's name on it.) _____

Form 3231 (state immunization form) must be turned in within 10 days of acceptance or your student will be withdrawn. _____

Should my child become ill or suffer an accident while at Peachtree Prep, the school shall contact me at the number(s) I have provided to them. I authorize Peachtree Prep to seek emergency medical treatment if deemed necessary for my child. The parents will assume responsibility for payment for any services rendered. _____

Parents must update enrollment records with any changes to information on this application. (Address changes, employment changes, etc.) _____

I understand that I am responsible for any special diet required by my child. If the child is an infant, I will provide the appropriate number of bottles per day. Each bottle will be labeled with the child's name and date as required by state regulations. Students will be provided with a nutritious lunch and afternoon snack daily. (Vegetarian lunch substitutions are provided.) _____

Breakfast is available before 7:50 AM at an additional cost for children in all classes except PreK. (Menus are prepared monthly and posted in the office.) _____

Please do not send in outside food, toys, candy, or any other unnecessary items from home. _____

A \$2.00 charge will be added to account balances when diapers, wipes, and/or clothing are borrowed from the school or another child. _____



I give permission for my child to attend a field trip to the Private School building for use of the gymnasium, library, and computer lab. (This opportunity will allow students to exercise during inclement weather.) _____

Transportation is provided from school (see administration for a list of schools) and on planned field trips with parental permission for children in PreK and above. A separate form with signature is required for this service. _____

I give permission for Peachtree Prep to conduct a Developmental Screening for my child throughout the school year and notate any learning successes and/or concerns that may require additional services. _____

Tuition is due on Friday for the upcoming week. A \$10 late fee will be due on Monday and a \$5 late fee will be charged on Tuesday. Full tuition is due even if your child is not in attendance. _____

Peachtree Prep requires two weeks written notice prior to withdrawal or change in tuition fee. Full tuition will be charged if withdrawal is not properly given. _____

There will be a \$1,000.00 fee if you hire a Peachtree Prep staff member away from the school during your child's enrollment period or within 12 months after withdrawal. _____

We have a Parent Code of Conduct that Parents must be respectful and kind to everyone on campus. (Please refer to the handbook for more information) _____

We ask that cell phones not be used in the building to allow for better teacher/parent interaction. _____

Any concerns may be expressed directly to the teacher and if not resolved, through a meeting with the Director or by email to the owner, JaNice Van Ness at JaNice@peachtreeacademy.com. _____

All families must complete an annual 10 volunteer hours per family or a \$125 service fee towards volunteer projects will be charged to your account per year. _____

I have read the Peachtree Prep Parent Handbook and agree to abide by all policies set forth. I will work with Peachtree Prep to ensure the very best Early Childhood Education for my child. Comments and volunteers are always welcome. Additional information is available online at www.PeachtreeAcademy.com

Mother/Guardian Signature: _____ **Date:** _____

Father/Guardian Signature: _____ **Date:** _____

Owner/Director 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

Child Name: _____

School: _____

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 _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature

Date _____

For Official Use Only

Date Received _____
Employee Signature _____



A service of



procure
SOFTWARE®