



2018-2019
 8531 Macon Highway
 Athens, Georgia 30606
 (706) 543-6077

**STUDENT INFORMATION
 PLEASE PRINT**

Today's Date _____ / _____ / _____

Child's Name _____ Name Used _____

Parent's Names _____

Age on Sept. 1, 2018 _____ Sex _____ Birthdate ____ / ____ / ____

Home Address _____
 (Street)

_____ (City) _____ (State) _____ (Zip)

Home Phone Number (____) _____

CLASS OPTIONS -

AGE GROUPING AND DAYS PREFERRED - Please Numerically Mark Your First AND Second Choices

*If class minimums are not met class may not be offered. Specific teachers are not guaranteed for each class.
 Class options are subject to change due to registration requests and/or teacher-student ratio requirements.*

**MMO
First Friends**

____ Mon/Wed

____ Tues/Thurs

2's

2 yrs. By Sept 1

____ M/W/F

____ Tues/Thurs

____ M thru F (5 days)

3's

3 yrs. By Sept 1

____ M/Tues/W (3 days)

____ M/T/W/TH (4 days)

____ M thru F (5 days)

4/5's

4 yrs. By Sept 1

____ M/T/W/TH (4 days)

____ M thru F (5 days)

PARENT or GUARDIAN INFORMATION

Mother's Name _____

Home Phone _____

Cell Phone _____

E-Mail _____

Employer _____

Work Phone _____

Father's Name _____

Home Phone _____

Cell Phone _____

E-Mail _____

Employer _____

Work Phone _____

Church affiliation (if any) : _____

Parent's Signature _____ Date _____

****NON-REFUNDABLE REGISTRATION FEE OF \$150 (\$175 FAMILY)**

MUST ACCOMPANY THIS FORM

FIRST MONTH'S TUITION INSTALLMENT IS DUE AUGUST 1ST

FOR OFFICE USE ONLY:

Date Received _____

R.F. Paid _____

Priority Status _____

Date Accepted _____

A.L. mailed _____

A.P. mailed _____

PRIORITY STATUS

- 1. Children who are presently enrolled in Friendship Presbyterian Preschool.
- 2. Children of Friendship Presbyterian Church member families.
- 3. Siblings of children presently enrolled at Friendship Presbyterian Preschool.
- 4. Children whose family members were enrolled previously.
- 5. Children who remained on the waiting list from the prior school year.

ENTRY REQUIREMENTS BY SEPTEMBER 1, 2018:

- Child **must** be toilet trained for the **3 & 4** year old classes. Pull-ups are not acceptable.
- Child's immunization record **must** be current and in school file per rules of State of Georgia,

Child lives with:

_____ Both Parents
 _____ One Parent (Please indicate who) _____
 _____ Other (Please explain) _____

Are there special *restrictions* regarding parental consent, pick-up, etc. _____ YES _____ NO

(Please explain) _____

MEDICAL or EMERGENCY CARE

List two persons willing to assume responsibility for the child during an emergency, if the parents cannot be reached. (These contacts should be someone local to this area, available within 20 minutes)

1. _____
 Name Address Phone Relationship

2. _____
 Name Address Phone Relationship

Routine sources of medical and dental care for the child are:

Doctor _____
 Name Address Phone

Dentist _____
 Name Address Phone

Hospital Preference _____
 Name Address Phone

FAMILY INFORMATION

List the names of other children in the household.

Name	Age	Sex	Relationship
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Name	Age	Sex	Relationship
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Name	Age	Sex	Relationship
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STUDENT INFORMATION

1. Explain the child's previous preschool, nursery or child care experience.

Facility	Dates Attended	Days per Week
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2. Does your child accept new people easily? _____ YES _____ NO
3. Do you speak a language at home other than English? _____ YES _____ NO If yes, what ? _____
4. Are there any cultural practices or holidays you would like us to know about? _____

5. Is your child toilet trained? _____ YES _____ NO **(REQUIRED FOR THE 3 & 4 YEAR OLD CLASSES)**
6. Can the child be relied upon to indicate his/her wishes about going to the bathroom? _____ YES _____ NO
7. What words does your child employ for using the toilet? _____
8. Does the child have any history of bladder or bowel irregularities? _____ YES _____ NO
If yes, please explain. _____
9. Is there anything the school should be aware of that frightens your child? _____ YES _____ NO
If yes, please explain. _____
10. Please explain what you do to comfort your child. _____

11. Please relate any special eating or food-related instructions for your child. _____

12. What are your child's favorite activities? _____

13. What special benefits do you desire your child to derive from the experience with Friendship Presbyterian
Preschool? _____

14. Please give any other information that you'd like the school staff to know. (i.e., foster child, etc.)

HEALTH HISTORY

1. Does your child have allergies of any kind (pets, food, grass, etc.)? YES NO
If yes, please describe sensitivities and symptoms (e.g., medications, food, hay fever, asthma, insect stings, water temperature, wheezing, hives, eczema): _____

Is an Epi-Pen required to treat allergy? YES NO
2. Does your child regularly take medication? YES NO
If yes, please describe what and why. _____
3. Does your child feel well most of the time? YES NO
If no, please explain. _____
4. Has your child ever had any of the following experiences? If yes, please circle.
Premature birth, Birth injury or defect Seizures / convulsions
Breath holding or trouble breathing Head injury
5. Does your child have any: Hearing problems? YES NO
 Vision problems? YES NO
 Speech or language concerns? YES NO
6. Does your child have a diagnosed learning disability, physical disability, developmental delay or other special need? YES NO
If yes, please describe. _____
7. Please list any illnesses and common childhood diseases that your child has had.

8. Does your child have any contagious illnesses that could impact other children or staff (malaria, Hepatitis A, Hepatitis B, HIV, AIDS, etc.)? YES If yes, what ? _____
9. Has a medical specialist ever been called in to treat your child? YES NO
If yes, what type and why. _____

10. Are there any medical problems in the child's family of which the school should be aware?
If so, please explain. _____

The staff of Friendship Presbyterian Preschool appreciates the time and effort given by you to the thoughtful completion of this application. This information will be kept confidential.

ADDITIONAL COMMENTS:

TUITION PAYMENT CONTRACT

2018/2019

Please read the terms listed below carefully.

Tuition is calculated as an annual fee. It may be paid in full at registration or in nine equal monthly installments due on the **first of each month** from the months of **August to April**. A **\$30.00 charge will be added to an account when tuition has not been received by the 5th of each month (even if the school is closed or your child is not in school on that date)**. Checks should be made payable to Friendship Presbyterian Preschool, and may be **mailed or delivered** to the school at 8531 Macon Highway, Athens, Ga. 30606, to arrive by the 5th of the month.

If installment payments should fall two months behind, and the parents have not made payment arrangements, the student will automatically be withdrawn from Friendship Preschool. Parents are still liable for the two months past due as well as one month's installment as per the withdrawal policy stated below. There will be a \$30.00 charge on all returned checks.

Parents or guardians of children attending Friendship Preschool are expected to pay full tuition as long as they are members of the class. A child who is absent is liable for tuition for the entire period. ***Please Note: One month's written notice (30 days) must be given to the office when withdrawing a child. If notice is not given you are required to pay one month's installment in full.*** When a family is leaving the area, the final portion of a month may be pro-rated provided the Preschool Office has been notified.

PRE-SCHOOL SCHEDULE

Mid-August through Mid-May

CLASS DAYS	ANNUAL TUITION	MONTHLY INSTALLMENTS
2 DAY Monday/Wednesday OR Tuesday/Thursday	\$1575.00	\$175.00
3 DAY 2's OR 3 DAY 3's (Monday/Wednesday/Friday) (M/T/W)	\$1890.00	\$210.00
4 DAY Monday/Tuesday/Wednesday/Thursday	\$2205.00	\$245.00
5 DAY Monday through Friday	\$2430.00	\$270.00
Lunch Bunch OR Early Drop-Off		\$5.00/per day

I, _____, understand and agree to
 (Parent's Name)
 the terms above regarding tuition payments and the withdrawal policy for students. I understand that if I withdraw without paying the agreed upon amount for early withdrawal, I will be responsible for all collection cost, including and not limited to lawyer and court costs. I also understand that the registration fee is non-refundable.

Child's name _____

Parent's Signature _____ Date: _____