

Registration Form 2020-2021

8531 Macon Hwy Athens, GA 30606

Phone: 706-543-6077 / Fax: 706-543-6199 Email: preschool@gotofriendship.org

Name of Child:	Preferred name:		
Birth Date:	Sex: M F Age on Sep	ot. 1, 2020	
Mother's Name:			
Father's Name:			
Address:			
City:Zip:			
Father's Place of Business:	Business Phone:		
Email:	Cell:		
Mother's Place of Business:	Business Phone:		
Email:	Cell:		
Church affiliation Child resides with: Mom Dad_ **A non-refundable registration fee of \$15 (\$175 Family) FIRST MONTH'	Both Parents Ot	her:to secure your child's plac	
Classes	Number of Days	Price	
*Age as of Sept 1, 2020 * 4 year old classes	Mark First and Second Choice 5 days (Monday-Friday)	\$270/month	
	4 days (Monday-Thursday)	\$245/month	
* 3 year old classes	5 days (Monday-Friday)	\$270/month	
	4 days (Monday-Thursday)	\$245/month	
	3 days (Monday-Wednesday)	\$210/month	
* 2 year old classes	5 days (Monday-Friday)	\$270/month	
	3 days (M/W/F)	\$210/month	
	2 days (Tues/Thursday)	\$175/month	
* First Friends-16-23 months (Mother's Morning Out)	2 days (Monday/Wed)	\$175/mo.	
FOR OFFICE USE ONLY:			
Date Received	R.F. Paid	Priority Status	

Please provide emergency contacts in the event parents cannot be contacted:

Name:	day time phone:
Relationship to Student:	
	day time phone:
	day time phone:
	ing the pick-up of your child? Yes No
Is your child toilet trained and indepe	ndent in the bathroom? Yes No
All children enrolled in the 3 & 4	year old programs MUST be toilet trained before their first day of preschoo
Has your child had previous preschool	ol, nursery, or child care experience? Yes No
If so, where?	
Sibling Information: Name:	AgeFormer Friendship Student
Name:	AgeFormer Friendship Student
Allergies and/or anything that frighte	ns your child that the preschool should be aware of:
Any other information that you would	l like the preschool staff to know:

TUITION PAYMENT CONTRACT 2020/2021

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**. 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.

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).

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. <u>Please Note</u>: 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

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l,	, understand and agree to
(Parent's Name)	
understand that if I withdraw withdrawal, I will be responsible	ion payments and the withdrawal policy for students. In without paying the agreed upon amount for early for all collection cost, including and not limited to lawyer and that the registration fee is non-refundable.
Child's name	
Parent's Signature	Date: