



Registration Form 2024-2025

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 Sept. 1, 2024 _____

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

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 ____ Both Parents ____ Other: _____

****A non-refundable registration fee of \$150 is due at this time and is required to secure your child's placement.**

(\$175 Family) FIRST MONTH'S TUITION IS DUE BY THE FIRST DAY OF SCHOOL.

Classes *Age as of Sept 1, 2023	Number of Days Mark First and Second Choice	Price
* 4 year old classes	<input type="checkbox"/> 5 days (Monday-Friday)	\$310/month
	<input type="checkbox"/> 4 days (Monday-Thursday)	\$285/month
* 3 year old classes	<input type="checkbox"/> 5 days (Monday-Friday)	\$310/month
	<input type="checkbox"/> 4 days (Monday-Thursday)	\$285/month
	<input type="checkbox"/> 3 days (Monday-Wednesday)	\$250/month
* 2 year old classes	<input type="checkbox"/> 5 days (Monday-Friday)	\$310/month
	<input type="checkbox"/> 3 days (M/W/F)	\$250/month
	<input type="checkbox"/> 2 days (Tues/Thursday)	\$190/month
* First Friends-16-23 months (Mother's Morning Out) (List 1st and 2nd choice)	<input type="checkbox"/> 2 days (Monday/Wed)	\$190/mo.
	<input type="checkbox"/> 2 days (Tuesday/Thursday)	\$190/mo.

FOR OFFICE USE ONLY:

Date Received _____

R.F. Paid _____

Priority Status _____

Date Accepted _____

A.L. mailed _____

A.P. mailed _____

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

Name: _____ day time phone: _____

Relationship to Student: _____

Name: _____ day time phone: _____

Relationship to Student: _____

Name: _____ day time phone: _____

Relationship to Student: _____

**** Are there any restrictions concerning the pick-up of your child?** Yes _____ No _____

If so, explain _____

Is your child toilet trained and independent in the bathroom? Yes _____ No _____

All children enrolled in the **3 & 4 year old** programs **MUST be toilet trained** before their first day of preschool.

Has your child had previous preschool, nursery, or child care experience? Yes _____ No _____

If so, where? _____

Sibling Information: Name: _____ Age _____ Former Friendship Student _____

Name: _____ Age _____ Former Friendship Student _____

Allergies and/or anything that frightens your child that the preschool should be aware of:

Any other information that you would like the preschool staff to know:

TUITION PAYMENT CONTRACT

2024/2025

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. ***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	\$1710.00	\$190.00
3 DAY 2's OR 3 DAY 3's (Monday/Wednesday/Friday) (M/T/W)	\$2250.00	\$250.00
4 DAY Monday/Tuesday/Wednesday/Thursday	\$2565.00	\$285.00
5 DAY Monday through Friday	\$2790.00	\$310.00
Lunch Bunch OR Early Drop-Off		\$6.00/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: _____