

PRESCHOOL REGISTRATION
SANDERSVILLE METHODIST CHURCH
202 WEST CHURCH STREET, PO BOX 611
Sandersville, GA 31082
478-552-3374

(To be completed by preschool coordinator)
School Year: 20__-20__
Registration form: _____ Date received: _____
Registration fee: _____ Date received: _____
Immunization Record: _____ Date received: _____

Please include your child's registration fee of \$75 to reserve their spot.

SANDERSVILLE METHODIST CHURCH PRESCHOOL



Classes for 1 year olds meet 2 days per week. Ages 2, 3, and 4 year olds meet five days per week. All children must be 1, 2, 3, or 4 on or before September 1st to register for a class in that age group.

Please indicate the class for which you are registering your child:

_____ 1 year old	_____ 2 year old	_____ 3 year old	_____ 4 year old
\$100 per month (2 days)	\$175 per month	\$175 per month	\$175 per month
\$175 per month (5 days)			

Child's Name: _____

Gender: M / F Birth Date: _____

Child's Nickname/Preferred Name: _____

Child lives with: _____ both parents _____ mother _____ father _____ other: _____

Mother's Name: _____ Father's Name: _____

Mother's Address: _____ Father's Address: _____

City, State, Zip _____ City, State, Zip _____

Mother's Cell Ph: _____ Father's Cell Ph: _____

Email: _____ Email: _____

Mother's Occupation, Address & Phone: _____

Father's Occupation, Address & Phone: _____

Household Members

We like to be aware of other household members (grandparents, aunts, uncles, siblings, etc.), so that we know who your child is talking about when they bring up a name, and so that we are saying the correct name when conversing with your child.

Siblings or other children in the home (names & ages):

Adults in home other than parents (names & relationship):

Health Information

Does your child require any special medical attention: Yes/No (example: asthma, allergies, Epi-pen, etc.)

Special Concerns:

Health: _____ Fears: _____

Allergies: _____ Behavioral Concerns: _____

Child's Doctor: _____ Phone Number: _____

Does your child have any diagnoses we need to be aware of or is there any additional information about your child you'd like us to know: _____

Pick Up Release

The following individuals have permission to pick my child up from school.

Name: _____ Relationship to child: _____

Emergency Waiver

In the event of an emergency involving my child, and if Sandersville Methodist Church Preschool is unable to contact me/us immediately, I hereby authorize any medical attention and/or emergency medical care as may be necessary to care for my child. I/we further agree to be fully responsible for all medical expense incurred during the treatment of my child. I/we agree to keep SMC Preschool informed of changes in telephone numbers, etc., where I/we can be reached.

I agree to allow my child, _____, to be transported by private vehicle or ambulance in case of an emergency. I release SMC Preschool and its staff from all responsibility in case of an accident. I/we understand that such transportations will only be provided in an emergency situation.

Sign: _____ Date: _____

Financial

This registration form serves as a financial contract for tuition payment. Tuition is due on the 1st of each month and overdue after the 10th of the month. A \$25 late fee will be assessed on the 11th. There is a \$25 fee for any returned checks.

At the time of registration, SMC Preschool requires a non-refundable registration fee. If you withdraw and decide to return, you must pay the registration fee once again.

If a student is absent from class for an extended period of time due to vacation, etc. but expects to return to school before the end of the school year, I agree to pay monthly tuition in order to secure the spot upon return.

Sign _____

Date _____

Release and Hold Harmless Agreement

I understand that as part of the SMC Preschool experience my child will participate in a variety of activities. In consideration of the enrollment of my child I do hereby release, waive, discharge, and agree to hold harmless SMC Preschool its staff, employees, and agents for any and all injuries and damages arising from my child's participation in the activities planned and sponsored in conjunction with the Preschool.

Sign _____ Date _____

Program Exemption

I understand that based on limited hours and ages served (DECAL Exemption Rule 591-1-1.46), the SMC Preschool is an exempt program which is not licensed, or required to be licensed, by Bright From the Start- Georgia's Department of Early Care and Learning. I recognize that the preschool is registered and has liability insurance coverage.

Sign _____ Date _____

Photo Release

I grant permission for my child's photograph to be used by SMC Preschool for the decoration of classrooms and hallways, for craft activities, and on our website/internet site and/or promotional materials.

Sign _____ Date _____

Registration Agreement

I acknowledge that I have read and understand the above information. I further understand SMC Preschool reserves the sole right to amend the conditions of this agreement or to terminate or place restrictions on my child's enrollment, if in SMC Preschool's sole discretion, my/our child's academic, emotions, health, or behavioral situation of his/her well-being suggests such actions to be in the best interest of the school and/or my child.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Acknowledgement of Immunization Requirement

The Sandersville Methodist Church Preschool requests that all enrolled children maintain immunizations on the schedule recommended by the American Academy of Pediatrics. Your signature is acknowledgement that the preschool will require a copy of your child's immunization record before beginning of the school year.

Signature _____ Date _____