



2022-23

Date of Application: _____

Child's Legal Name _____ Date of Birth _____

Name for Classroom Use & Printed Materials _____ Gender: _____

Home Address _____

City _____ Zip Code _____ Subdivision _____

Email Address _____

Please be advised that a school email address is issued for all families and will be used for school email correspondence once established. It is the parents' responsibility to check the school email inbox regularly during the school year to receive important updates, reminders, & other info.

Father/Guardian's Name _____ Cell Phone _____

Father's Employer _____

Mother/Guardian's Name _____ Cell Phone _____

Mother's Employer _____

Parents' Marital Status _____ Do both parents have custody rights? _____

Family's Church (if applicable) _____ Denomination/Religion _____

Cultural Background _____ Primary Language Spoken in Home _____

Will your child have any siblings attending SHC Weekday Preschool during the 2022-23 school year? _____

If so, what is the name and age of the sibling(s)? _____

Has child attended preschool in the past? _____ If yes, where? _____

If SHC Weekday Preschool, who was your child's teacher in 2021-22? _____

Does your child have any allergies? _____ Does he/she require an EpiPen? _____

List Allergies with Specific Details: _____

Please be advised that any child requiring medication of any type (whether routine or for emergency purposes) must have a pediatric administration approval letter and any necessary medicine provided to the school nurse prior to being allowed to attend school.

Does your child have any other medical conditions, hearing/vision loss, speech delays or developmental delays? _____

If yes, please explain: _____

Does/will your child receive developmental services from Babies Can't Wait, Gwinnett County Schools, and/or other public or private services for physical, occupational, behavioral, speech, and/or other delays? _____ If yes, please explain: _____

Weekday is not equipped to accommodate all delays and/or special needs, in consideration of the safety, support, and continuing development of each child within our program. Each child will be considered for enrollment on an individual basis.

How did you hear about our preschool (ie referral, Sugar Hill Church, other)? _____

If referred to our preschool by another family, please provide the name of family referring: _____

Parent Agreement (Please Initial and Sign Below)

I understand that any/all registration fees are **without exception non-refundable and non-transferable at the time of receipt**, and these fees do not apply to any month's tuition. I understand that Sugar Hill Church Weekday Preschool reserves the right to withdraw a student from enrollment and/or to change classes offered at any time for any reason.

I understand that all tuition fees will be **auto-drafted** between the 1st and 5th day of each month of the 2022-23 school year (July, October, November, December, January, February, March, April, and May). I understand that I am responsible for providing a valid payment method for auto-drafting and updating at any time necessary. I understand that a late fee of \$20 will be added to my child's tuition account for any payments not received by the 15th day of the month due as a result of an invalid or expired payment method. I also agree to pay any additional penalties or fees incurred by my bank if applied. If my tuition account becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. All tuition payments are **without exception non-refundable and non-transferable at the time of receipt**.

I understand the July 1st tuition payment confirms and guarantees my child's enrollment for the beginning of school in September, and that it is **without exception non-refundable and non-transferable at the time of receipt**. Without receipt of this payment by July 1, 2022, the Weekday Preschool has the right to relinquish my child's spot to another applicant. The July payment will be applied to September's tuition, and tuition will not be due again until October 2022. I understand if I must withdraw my child from the Weekday Preschool that one month's notice is required. I understand that I will be responsible for paying the last month's tuition payment if I do not provide at least 30 days notice of withdrawal, and my auto-draft payment method will be charged for this additional tuition due

I understand that a current immunization record (or a Georgia approved exemption form) is required for every child prior to attending school. Also, any child requiring school administered medication, whether for either routine or emergency purposes, must have a pediatrician authorization form and the necessary medication on file **PRIOR** to that child attending school. If a parent becomes aware of an allergy, illness, or other medical condition that could potentially require medication to be administered, such medication and a current pediatrician approval letter must be provided before the child can return to school. Please be advised that it is the parent's responsibility to keep all medication and doctor-provided administration information up to date at all times.

I understand I will be charged a late fee (\$1 per minute) if I pick up my child later than 15 minutes after his/her dismissal time (1:00 PM). I agree to pay any fees incurred because of late pickup and understand that my auto-draft payment method will be charged for any fees due.

I understand that I will be issued a family email address on the Sugar Hill Church Google domain, and that email address will be used for all general SHC Weekday Preschool correspondence, including monthly tuition statements. I also understand that I will be added to my child's teacher's Google Classroom for classroom specific information, schedules, calendars, and communication. I understand that it is my responsibility to accept the invitation to the online Google Classroom and access it and my SHC Weekday email for important information from my child's teacher and the preschool. Any emergency updates or school closures are communicated through another source, and it is also my responsibility to sign up for such emergency information. I understand if I fail to sign up for emergency notifications, I will not receive such notifications if/when they are sent.

It is mutually agreed that in the event of an accident or illness of my child while in the care of Sugar Hill Church Weekday Preschool, the Weekday Preschool shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, the Weekday Preschool will use its best efforts to contact the emergency contacts provided in the order listed on the child's clinic card. In the event the parents and the emergency contacts are not immediately available, the Weekday Preschool is authorized to secure such care as the situation may reasonably warrant.

I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such I agree that where Sugar Hill Church Weekday Preschool has acted in good faith to comply with an accident and/or illness procedure, it shall not be liable for any accident and/or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent/legal guardian.

Sugar Hill Church Weekday Preschool, as an educational program offering preschool for ages two (2) through six (6) years of age and Mother's Morning Out for toddlers (attending no more than 8 hours/week), qualifies for an exemption from state licensure (as per Bright from the Start Rule 591-1-1-.46). As a parent of a student attending Sugar Hill Church Weekday Preschool, I acknowledge that I have been advised that Sugar Hill Church Weekday Preschool is not licensed and is not required to be licensed by the state as per the exemption rules with Bright from the Start (Rule 591-1-1-.46). By signing, I acknowledge that I am also aware that Sugar Hill Church carries liability insurance for the Weekday Preschool.

I also agree to read and abide by all of the policies in the parent handbook, which is to be provided by Sugar Hill Church Weekday Preschool.

I grant permission for my child's name, our parent names, home address, phone number and email address to be included on the class directory, which may be shared on the teacher's Google Classroom site and/or distributed to other parents in my child's class.

I give permission for my child to be photographed or videoed, understanding that these photos/videos will be used for school purposes only, such photos/videos will not be shared by representatives of Sugar Hill Church in public forums outside of Sugar Hill Church and/or the teacher's secure Google Classroom site, and the identity of all children will be kept private at all times.

By signing below, I hereby acknowledge my understanding and agreement to the aforementioned Parent Agreement.

Parent/Legal Guardian's Signature _____ Date _____



Registration 2022-23

I would like to enroll my child _____ in the class selected below. If I choose to accept any class offered, I understand the non-refundable registration fee and completed DocuSign EZ-EFT auto-draft payment form are both required to confirm my child's registration. If the registration fee and online completed EZ-EFT payment forms are not received, I understand my child's spot will be relinquished. I can register at a later date, however, the class placement I want may or may not still be available at that time. I understand my child must meet all class eligibility requirements to be registered and to remain in any respective class. If my class or schedule needs to be changed at any time, I understand it is my responsibility to make the Weekday Registrar aware of any needed changes in my child's class placement/schedule as soon as possible. I understand needed schedules and/or classes may or may not be available when requested, and that SHC Weekday Preschool cannot be held responsible if a desired class is full and a spot isn't available for my child if making changes later. I understand that Sugar Hill Church Weekday Preschool reserves the right to withdraw a student from enrollment and/or to change classes offered at any time for any reason.

Parent/Legal Guardian's Signature _____ Date _____

2022-23 Class Selection

Please denote the preferred class placement for your child below. Tuition rates do not reflect any staff discounts to be applied.

- _____ Toddler, 15 – 23 Month Old (T/Th), \$260
_____ Toddler, 15 – 23 Month Old (M/W), \$260
_____ 2-Year Old, 2-Day (T/Th), \$260
_____ 2-Year Old, 3-Day (M/W/F), \$285
_____ 2-Year Old, 4-Day (M – Th), \$310
_____ 2-Year Old, 5-Day (M – F), \$335

Please be advised that a child must be toilet trained prior to attending any 3-year or older class.

- _____ 3-Year Old, 2/3-Day Flex (T/Th+F) *, \$260/\$285

Please provide preferred schedule: _____

*The registration fee due is based on your selected attendance schedule (i.e. T/Th = \$260 or T/Th/F = \$285)

- _____ 3-Year Old, 3-Day (M/W/F), \$285
_____ 3-Year Old, 4-Day (M – Th), \$310
_____ 3-Year Old, 5-Day (M – F), \$335
_____ 4-Year Old PreK, 4-Day (M – Th), \$310
_____ 4-Year Old PreK, 3/5-Day Flex (MWF, MWF+T or TH, or M-F) *, \$285/\$310/\$335

Please provide preferred schedule: _____

*The registration fee due is based on your selected attendance schedule (i.e. MWF = \$285, MWF+T or Th = \$310, or M-F = \$335)

- _____ 4-Year Old PreK, 5-Day (M – F), \$335
_____ Young 5-Year Old TK, 5-Day (M – F), \$335

If the class selected above is not available at the time of registration, should we add your child to the waitlist for that class? _____

If your preferred class is full, do you want to choose a 2nd option to secure a spot (if available) for your child? _____

If so, please denote the name of that 2nd choice class: _____



Sugar Hill Church Weekday Preschool is requiring auto-drafting for all tuition payments for the 2022-23 school year. This authorization form allows us to bill your debit or credit card on the due date. Even if you have used auto-drafting in the past, you will still need to submit a new authorization form for the 2022-23 year. Tuition will be auto-drafted using the card provided below between the 1st and 5th day of the following months: July, October, November, December, January, February, March, April, and May. Your record of payment will be listed each month on your banking or credit card statement as well as on your tuition record.

EZ-EFT Authorization Form

I hereby authorize Sugar Hill Church Weekday Preschool to make my monthly tuition payment on my behalf from the checking, savings or credit account listed below and transfer it to Sugar Hill Church Weekday Preschool.

Credit/Debit Card Charge

___ Visa ___ MasterCard ___ Discover

_____ *Credit/Debit Card Number*

____/____ (month/year)
(Expiration Date)

I understand that I am in full control of my payment, and if at any time I decide to make any changes to my payment method, I will notify Sugar Hill Church Weekday Preschool promptly. Change of payment method will not affect the terms of my contract. All tuition payments will be auto-drafted using the payment method listed above (unless changes are made at any time) between the 1st and 5th day of the following scheduled months in the 2022-23 school year: July, October, November, December, January, February, March, April, and May. It is the parent/legal guardian's responsibility to provide a valid payment method for tuition auto-drafting and to make any changes as necessary. The parent will be held responsible for any fees or bank penalties incurred due to late tuition or expired, inactive, or ineligible payment methods. All registration fees and tuition payments are non-refundable and non-transferable at the time of receipt. We cannot make exceptions to this policy.

Account Holder's Name _____

Student's Name _____

Address _____

City _____

State _____ Zip _____

Electronic Signature _____

Date _____