



**Green Acres Preschool**  
 2085 Barnett Shoals Road  
 Athens, GA 30605  
 (706)549-1925 Fax: (706)543-5166  
 Website: www.GABCWeekdayPreschool.com

**2018-2019 School Year Registration Form**

Age on Sept.1, 2018 \_\_\_\_\_ Registration Fee \_\_\_\_\_ Date \_\_\_\_\_ Check #/Online confirmation # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 (Last) (First) (Middle) Month Day Year

Name Child is called: \_\_\_\_\_ Sex: \_\_\_\_\_ Allergies: \_\_\_\_\_

Please select one of the following classes (or order preferences):

_____ 1 yr. old	Mon./Wed./Fri.	\$200.00/Month
_____ 1 yr. old	Tues./Thurs.	\$165.00/Month**
_____ 2 yr. old	Mon./Wed./Fri.	\$195.00/Month
_____ 2 yr. old	Tues./Thurs.	\$160.00/Month
_____ 3 yr. old	Mon./Wed./Fri..	\$195.00/Month
_____ 3 yr. old	Tues./Thurs.	\$160.00/Month**
_____ 3 yr. old	Monday-Friday	\$250.00/Month
_____ 4 yr. old (Pre-K)	Monday-Friday	\$250.00/Month
_____ 4 yr. old (Pre-K)	Monday-Thursday	\$225.00/Month
_____ Optional Pre-K Extended Day	12 noon-2pm Mon-Wed	\$100.00/Month (In addition to regular tuition)

\*\*This class will be offered if there are enough students to create a class.

Are you registering at other schools? \_\_\_\_\_ \*For informational purposes only; this helps determine length of waiting list.  
 Will you be withdrawing mid-year? \_\_\_\_\_ If so, anticipated date of withdrawal or Visa expiration date: \_\_\_\_\_

Mother's Name (or legal guardian) : \_\_\_\_\_ Place of employment: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address (please print legibly): \_\_\_\_\_

Father's Name (or legal guardian) : \_\_\_\_\_ Place of employment: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address (please print legibly): \_\_\_\_\_

Does child live with both parents: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list with whom the child lives \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact & Phone Number (other than parents) \_\_\_\_\_

Did your child attend school last year? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, where? \_\_\_\_\_

Present Church attending: \_\_\_\_\_

Would you like info about Green Acres Church? Yes \_\_\_\_\_ No, thank you \_\_\_\_\_

- I understand that this registration fee is non-refundable, non-transferable, and does not apply to tuition payment. I agree to pay the monthly tuition of \_\_\_\_\_ by the 10th of each school month.
- I understand that the yearly tuition has been prorated August—May, so that each month's tuition is the same, regardless of days attended..
- I understand that if I must withdraw my child from the program, 30 days' written notice is required, and I will be responsible for paying school fees 30 days following notification of withdrawal.
- I understand that days are not made up for inclement weather or emergency closure days.
- I understand that I must provide an updated immunization record signed by a physician. I must also provide a copy of my child's birth certificate, if one is not already on file.

\_\_\_\_\_  
 Name(s) of Enrolling Parent(s)

\_\_\_\_\_  
 PARENT'S SIGNATURE