



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 the registration fee (\$150/child, \$200 family max.) 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