



GREEN ACRES
BAPTIST CHURCH

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

2024-2025 School Year Registration Form

Age on Sept. 1, 2024 _____ Registration Fee _____ Date _____ Check #/Online conf.# _____

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

Name Child is called: _____ Sex: _____ Allergies: _____
*If an allergen is listed, you will need to fill out an allergen form that will be sent to you upon receipt of application.

Please select one of the following classes or order preferences with a "1", "2", and/or "3":
Please note that all classes are not guaranteed, as there must be enough interest to launch a class, so ordering your preferences is encouraged.

_____ Young 2's	Mon./Wed./Fri.	\$220.00/Month
_____ Young 2's	Tues./Thurs.	\$185.00/Month
_____ Older 2's	Mon./Wed./Fri.	\$215.00/Month
_____ Older 2's	Tues./Thurs.	\$180.00/Month
_____ 3 yr. old	Mon./Wed./Fri..	\$215.00/Month
_____ 3 yr. old	Tues./Thurs.	\$180.00/Month
_____ 3 yr. old	Monday-Friday	\$270.00/Month
_____ 4 yr. old (Pre-K)	Monday-Thursday	\$245.00/Month
_____ 4 yr. old (Pre-K)	Monday-Friday	\$270.00/Month
_____ Optional Pre-K Extended Day	12 noon-2pm Mon-Wed	\$120.00/Month (In addition to regular tuition)

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 SIGNATURE