

**Mt. Zion Baptist Church**  
**WEEKDAY EDUCATION PROGRAM FOR PRESCHOOLERS**

4096 East Cherokee Drive  
 Canton, GA 30115  
 Phone Number: 770-479-8058

**APPLICATION FOR ADMISSION**  
**2019-2020**

Please circle the class that you want your child enrolled in. Keep in mind that the child must be that age by **SEPTEMBER 1, 2018.**

<u>CLASS</u>	<u>REGISTRATION FEE</u>	<u>MONTHLY PAYMENT</u>	<u>ANNUAL TUITION</u>
18-24 Months (Tuesday and Thursday)	\$150	\$170	\$1700
2 Year Olds (Monday and Wednesday)	\$150	\$170	\$1700
2 Year Olds (Tuesday and Thursday)	\$150	\$170	\$1700
2 Year Olds (Tues., Wed., Thurs.)	\$150	\$190	\$1900
3 Year Olds (Tues., Wed., Thurs.) <b><u>MUST BE POTTY TRAINED</u></b>	\$150	\$190	\$1900
3 Year Olds (Monday-Thursday) <b><u>MUST BE POTTY TRAINED</u></b>	\$150	\$210	\$2100
4 Year Olds (Tues., Wed., Thurs.)	\$150	\$190	\$1900
*4 Year Olds (Monday-Thurs.)	\$150	\$210	\$2100
Transitional Kindergarten (Mon-Thurs, 9-1 p.m.) <b><u>(Must have completed a 4 yr pre-k program)</u></b> <b><u>\$50 BOOK FEE FOR T-K CLASS</u></b>	\$150	\$265	\$2650

**REGISTRATION FEES ARE NON-REFUNDABLE.**

**\*All incoming students must pay the \$150 registration fee + the first month's tuition at the time of registration. THESE FEES ARE NON-REFUNDABLE.**

Registration fees are due at time of registration. Please note that submission of this registration form does not automatically guarantee placement in a class. You will be notified in writing when your child has been placed. Tuition is due the **1<sup>st</sup> day** of preschool for every new month. Tuition is **considered late** after the **5<sup>th</sup>** of the month, **REGARDLESS OF WHETHER SCHOOL IS IN SESSION ON THOSE DATES OR NOT.** I understand that my tuition is **AN ANNUAL AMOUNT** that is due, but I agree to pay it in monthly payments. If you have more than one child in our program, the second child will receive \$15.00 off their monthly tuition.

I understand and agree to pay the above fees in a timely manner. I understand that **late fee of \$10** will be charged **after the 5<sup>th</sup>** with an **additional \$5.00 charge added for each additional week that tuition is delayed.** I understand that no deduction in tuition is allowed due to absences or illness or any other reason unless approved by the Director. I also understand that whether my child is present or not, the teachers have planned and prepared for my child; therefore, **full tuition is paid monthly starting in August and through the month of May, regardless of school closings. If for some reason I need to withdraw my child from preschool, I agree to give Mt. Zion Preschool a 30-day NOTICE. By not giving notice, I understand that I am responsible for an additional month's tuition.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**MT. ZION BAPTIST PRESCHOOL ADMISSION APPLICATION (PAGE TWO)**

Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Birthday \_\_\_\_\_

Home Phone # \_\_\_\_\_ Child's Age as of **September 1, 2019**

Gender: M F

E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_

Work Number \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work Number \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

Cell \_\_\_\_\_

Child's Siblings & their Ages \_\_\_\_\_

Emergency Contacts (In the event that the child's parents cannot be reached at the above numbers, please list in order your emergency contacts). These people would also be allowed to pick up your child from preschool.

1. \_\_\_\_\_ Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_ Relationship \_\_\_\_\_

Name of church you attend \_\_\_\_\_

Does your child have any medical history that we should be aware of? If so, please specify.

\_\_\_\_\_

Allergies: \_\_\_\_\_

Disabilities \_\_\_\_\_

Do you have any talents or an occupation that you would like to share with our classes some time? \_\_\_\_\_

**I HAVE ATTACHED AN UPDATED COPY OF IMMUNIZATION FORM 3231 \_\_\_\_\_**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date