



**2018-2019 School Age Registration**  
 Good Shepherd Preschool & School Age Programs  
 1400 Killian Hill Road, Lilburn, GA 30047  
 770-925-2411

**Non-Refundable Registration Fee: \$50**

**Student Information**

<b>Child's Name</b>	<b>Sex</b>	<b>Date of Birth</b>
<b>Home Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Home Telephone Number</b>	<b>Grade Level</b>	

**Parent Information**

<b>Mother's Name</b>	<b>Cell Number</b>	<b>Email Address</b>
<b>Mother's Place of Employment</b>	<b>Work Number</b>	
<b>Father's Name</b>	<b>Cell Number</b>	<b>Email Address</b>
<b>Father's Place of Employment</b>	<b>Work Number</b>	

**Child's Living Arrangements:** Both Parents  Mother  Father  Other

**Legal Guardians:** Both Parents  Mother  Father  Other

**Siblings Names and Ages:**

<b>Name</b>	<b>Age</b>
<b>Name</b>	<b>Age</b>
<b>Name</b>	<b>Age</b>

Language, other than English, spoken at home:

The child may be released to the person(s) signing this agreement or to the following:

Name	Relationship to Child	Phone Number
Name	Relationship to Child	Phone Number
Name	Relationship to Child	Phone Number

Persons to contact in case of emergency when parents cannot be reached:

Name	Phone Number
Name	Phone Number

Child's Physician:

Name	Phone Number
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Religious Affiliation/Church: \_\_\_\_\_

My child has the following special need(s): Yes  No

If answered YES to the above question, please specify what accommodations may be required to most effectively meet your child's needs while at this school:

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

If answered YES to the above question, please specify which medication below and complete the medication authorization form at the end of the registration form: \_\_\_\_\_

\_\_\_\_\_

## Good Shepherd Preschool & School Age Programs Tuition Agreement

**The signing of this Tuition Agreement by parents and/or guardian is required before your child may attend Good Shepherd Preschool & School Age Programs. Please read carefully and sign where indicated.**

It is important that tuition be paid in a timely manner. We are a non-profit school and ALL money goes back into the school to benefit our students. If tuition is not paid in a timely manner, then it ultimately affects the students in terms of services and materials that can be provided. Your understanding in this area is greatly appreciated.

**Child's Name:** \_\_\_\_\_

**I have read and understand the following statements regarding Good Shepherd Preschool & School Age Programs tuition policies:** \_\_\_\_\_

- I understand that the school year is an annual commitment; however, when necessary, a two-week written notice is required for withdrawing my child from preschool. If a two-week written notice is not provided, I know that I will be responsible for the tuition for the upcoming month.
- I understand that during the school year, if I need to change my child's hours or days, a schedule change form must be filled out and approved. After approval, my tuition will be adjusted accordingly.
- I understand that no deductions will be made from tuition for absences of any kind, nor will tuition be prorated for holidays.
- I understand that all tuition balances must be paid in full by the end of the current program (summer or fall) before registering for the next program.
- I understand that the fees for school are based on yearly tuition, broken down into 10 monthly installments (August-May). Monthly tuition is due no later than the 10<sup>th</sup> of each month. Parents may also choose to pay the yearly tuition in full, in August, to receive a 2% discount.
- I understand that if I am more than 14 days past due in payments, my account will be forwarded to the Preschool board for information and a recommendation will be made for payment action. Any accounts more than 30 days past due in payments will cause suspension of their child/children's enrollment. (Exception is if a family has signed and is following a formal payment plan.)

**I agree to pay Good Shepherd Preschool & School Age Programs:**

<b>Before &amp; After Care</b>	<b>5 days</b>	<b>\$260 per month</b> <input type="checkbox"/>
<b>Before &amp; After Care</b>	<b>3 days</b>	<b>\$180 per month</b> <input type="checkbox"/>
<b>After Care Only</b>	<b>5 days</b>	<b>\$220 per month</b> <input type="checkbox"/>
<b>After Care Only</b>	<b>3 days</b>	<b>\$140 per month</b> <input type="checkbox"/>

**On the following days:** Monday  Tuesday  Wednesday  Thursday  Friday

**Parent/Guardian signature:** \_\_\_\_\_

**2018-2019 Parental Agreement with  
Good Shepherd Preschool & School Age Programs**

I understand that my signature indicates that I have received, read and agree to adhere to the policies and procedures of Good Shepherd Preschool and School Age Programs. I also understand that Good Shepherd Preschool and School Age Programs agree to provide preschool and/or extended care for my child as outlined in the Tuition Policy.

**Parent/Guardian signature:** \_\_\_\_\_

**Permission to Photograph**

I grant Good Shepherd Preschool & School Age Programs the right to take photographs of my child and/or my family in connection with preschool activities. I authorize Good Shepherd Preschool, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Good Shepherd may use such photographs with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

**Parent/Guardian signature:** \_\_\_\_\_

**Sunscreen and Bug Spray Permission**

I give Good Shepherd Preschool and School Age Programs permission to apply bug spray and sunscreen on my child when playing outside.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should my child, \_\_\_\_\_, suffer an injury or illness while in the care of Good Shepherd and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring medical attention involving my child.

Signature of Parent/Guardian	Date	Telephone