



**2018 – 2019  
Registration Form**

Mt. Harmony Baptist Church  
561 Veterans Memorial Highway SE  
Mableton, GA 30126  
(770) 874-7493  
Email: [wee@mtharmony.org](mailto:wee@mtharmony.org)  
Website: [www.mtharmony.org](http://www.mtharmony.org)



**Emergency Authorization:**

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Is this person authorized to transport your child: \_\_\_yes \_\_\_no

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Emergency Medical Contact:**

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Medical Information:**

Does child have any allergies? \_\_\_yes \_\_\_no

Does your child need medication at school? \_\_\_yes \_\_\_no

List Allergies and Symptoms \_\_\_\_\_

Are there any educational/medical/mental/emotional problems or any special procedures required for the care of your child? If so, please explain.

Does your child receive any of the following services?

Speech Therapy \_\_\_ yes \_\_\_no                      Physical Therapy \_\_\_yes \_\_\_ no

Occupational Therapy \_\_\_ yes \_\_\_ no              Other \_\_\_\_\_

**Release Authorizations—other than parents/guardians, who is authorized to transport your child?**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_

Are you a member of Mt. Harmony Baptist Church? YES\_\_\_\_ NO \_\_\_\_

Religious Affiliation\_\_\_\_\_ Church you attend\_\_\_\_\_

Would you like more information about Mt. Harmony Baptist Church? YES\_\_\_\_ NO\_\_\_\_

## Agreement

Mt. Harmony Baptist WEE agrees to provide care from August – May and will follow the Cobb County School System calendar for holidays, with the exception of any extra days taken by WEE, and school closures due to weather. (Please check your school calendar).

### Please read and initial each of the following:

\_\_\_\_ There is a registration fee of **one month's tuition** for all classes due at registration. I understand that this fee is non-refundable, does not apply towards any monthly tuition, and is used to purchase supplies. There are no discounts given on registration fees.

\_\_\_\_ Withdrawal of your child's enrollment in our school requires a 30 day written notice or one month's tuition payment.

### Registration and Tuition Fees:

**2 day:** \$175/Month + Registration: \$175    **3 day:** \$220/Month + Registration: \$220

**4 day:** \$250/Month + Registration: \$250    **Kindergarten (5 day):** \$350 + Registration: \$350

\_\_\_\_ I acknowledge that my child must have a current immunization record form (Form 3231) on file and **cannot** be admitted in August without this form.

\_\_\_\_ I hereby authorize Mt. Harmony WEE to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of emergency requiring a trip to the emergency room, my child will be transported to a hospital emergency room at the discretion of the EMT.

\_\_\_\_ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.

\_\_\_\_ I understand that Mt. Harmony WEE is not licensed and is not required to be licensed by the state of Georgia.

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

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Registration Fee Paid: \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

Immunization Form received (date): \_\_\_\_\_



**2018-2019**

**Registration and Monthly Tuition**

**Kindergarten:**

Tuition: M-F \_\_\_\_\_  
\$350

Registration: \$350

**Pre-K 4:**

Tuition: M-Th \_\_\_\_\_  
\$250

Registration: \$250

**Threes:**

Tuition: M/T/Th \_\_\_\_\_  
\$220

M-Th \_\_\_\_\_  
\$250

Registration: Three Days \$220  
Four Days \$250

**Twos:**

Tuition: M/W \_\_\_\_\_  
\$175

T/TH \_\_\_\_\_  
\$175

M/T/TH \_\_\_\_\_  
\$220

M-TH \_\_\_\_\_  
\$250

Registration: Two Days \$175  
Three Days \$220  
Four Days \$250

**Ones: Indicate First and Second Choice**

Tuition: M/W \_\_\_\_\_

T/TH \_\_\_\_\_

Registration: Two Days \$175

I understand there will be NO REFUNDS for Registration fees. Please return this form with the application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_