



Student's Full Name: \_\_\_\_\_

Name Child is Called: \_\_\_\_\_

Age on 9/1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

List any special needs your child may have (dietary, behavioral, allergies, physical, speech or occupational therapy etc.): \_\_\_\_\_  
\_\_\_\_\_

Home Church: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Days attending (select 2): Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

Hours Attending (circle one): 8-12 or 9-1

I understand and agree that all registration fees paid shall not be refunded. I further understand that I am required to submit written notice of withdrawal one month in advance and that month's fee would be required.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Class Age: \_\_\_\_\_ Payment: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Supply Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_

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