

Date received:

Seeds of Faith Preschool, Inc.,

A Ministry of First Presbyterian Church, Douglasville, Ga.

Registration Card, 2019-2020 School Year

| | | |
|--------------------------|--|----------|
| Date of Birth: | Child's age as of September 1, 2019 : | Sex: M F |
| Child's Full Legal Name: | Preferred Name: | |
| Home Telephone: | Parent contact number: | |

This registration is subject to the approval of the Seeds of Faith Preschool, Inc. We reserve the right to return the registration fee of any child who, in our opinion has needs that we may be unable to meet and might be better suited for another program. In addition, if the minimum number of students in a class is not met, the class will be cancelled and your registration fee will be refunded. Otherwise, the registration fee is **non-refundable**. In such cases, we shall try to give assistance to parents in placing the child for proper instruction.

Registration fees are payable with this form and are non-refundable.

Please mark the class you are registering for:

| Class | Monthly Tuition | Registration Fee | Class | Monthly Tuition | Registration Fee |
|--------------------------------------|-----------------|------------------|---------------------------------------|-----------------|------------------|
| <input type="checkbox"/> 1 yr, T TH | \$120 | \$125 | <input type="checkbox"/> 3 yr, 4 day* | \$165 | \$125 |
| <input type="checkbox"/> 2 yr 4 day* | \$165 | \$125 | <input type="checkbox"/> 4 yr, 5 day | \$190 | \$125 |

* M-TH

* A Spring supply fee will be applied in February 2020 based on the number of days your child attends:

- \$15.00 for children who attend 2-3 days
- \$30.00 for children who attend 4-5 days

**A Fall supply list will be provided in the welcome information that you will receive during the Summer before school starts.

MMO (ages 6 months – 4 years old)

\$15/offered Mondays and Wednesdays (no registration fee)

Additional MMO days may be added based on demand

***In accordance with state guidelines, children under the age of 2 are only allowed to attend for 8 hours per week.*

Lunch Bunch

Please mark the days that you would be interested in your child attending.

My child will visit weekly

My child will go to lunch bunch occasionally

M T W TH F

June summer camps will be available for six weeks in June and July. Information to come in April.

Price is \$55 per week (Early Bird price), \$60 per week (paying week before or later)

August mini summer camps will be available for two weeks (August 20-22, August 27-29)

Price is \$55 per week (Early Bird price), \$60 per week (paying week before or later)

Signature of Parent /Legal Guardian

Date

Date received:

Seeds of Faith Preschool, Inc.

A Ministry of First Presbyterian Church, Douglasville, Georgia

REGISTRATION FORM, 2019-2020 School Year

Child's Full Legal Name _____

Sex: M F **Child's age as of September 1, 2019** _____

Date of Birth _____ Home Telephone _____

Street Address _____

City _____ State _____ Zip _____

Mom's Name _____

Work Phone: _____ Cell Phone: _____

Mom's email address: _____

Employer: _____ Occupation: _____

Dad's Name _____

Work Phone: _____ Cell Phone: _____

Dad's email address: _____

Employer: _____ Occupation: _____

Child Lives with Both Parents _____ Mom _____ Dad _____ Other* _____

*Explanation _____

*A copy of any legal papers (custody papers, restraining orders, etc.) must be on file with the Preschool Director.

Names, Ages and Relationship of Others in the Household

How did you hear about Seeds of Faith Preschool? _____

Do you have a church home: _____

If not, would you like information on First Presbyterian Church, Douglasville?

Medical Information

Name of Child's Doctor: _____ Phone: _____

List any allergies/allergic reactions your child may have: _____

List any Physical Challenges or Developmental Issues (including speech, social, gross or fine motor skills)

Do you receive services from Babies Can't Wait or the Douglas County LEAP Program? _____

Date received:

FIRST PRESBYTERIAN CHURCH
SEEDS OF FAITH PRESCHOOL, INC

FINANCIAL AGREEMENT
2019-2020

So that you may better understand the financial policies of the First Presbyterian Church Seeds of Faith Preschool, Inc (the "Preschool"), the policies are summarized below for your review. Please read these policies carefully. After reviewing the information, please sign below and return to the Director's office.

1. The registration fee is due upon registration. Your child will not be placed on a class roll until the Director receives the completed registration form and the registration fee.
2. The registration fee is **NON-REFUNDABLE**.
3. Tuition is due on a monthly basis, **no later than the 10th day of the current month**. The Preschool shall invoice the parents five days after payment is due. These invoices will be due and payable upon receipt. If the tuition is not paid by the 10th of the month, there will be a **\$10 late** charge added to the amount due. Accounts not paid-in-full by the end of each month shall be cause to terminate enrollment of child.
4. Fees remaining 60 days overdue will be referred to a collection agency. Parents will be required to pay the Preschool all collection costs, including attorney fees. The monies due and owing the Preschool will accrue interest at the rate of 1.5 percent per month or the maximum legal rate permissible in the State or Commonwealth in which the collection services were performed, whichever is larger, on the unpaid balance.
5. Arrangements may be made in a personal meeting with the Director concerning the need for special financial arrangements.
6. If a check is returned to the Preschool due to insufficient funds, the parents will be charged \$35 and asked to pay in cash with the exact amount. We **will not** run the check through the bank again.
7. The Preschool will issue year-end statements of your child's account by written request only.
8. **Hours of operation for the Preschool and Mother's Morning Out are 9 a.m. – noon with no extended care offered. A late fee of \$1 per minute will be charged for picking children up later than 12:10 p.m.**
9. **Cancellations for Mother's Morning Out within less than 24 hours will be charged 50% of the day's rate.**

I, _____ (please print name), have read and understand these policies and agree to abide by them.

Signature

Date

Date received:

**FIRST PRESBYTERIAN CHURCH
SEEDS OF FAITH PRESCHOOL, Inc.
LIABILITY RELEASE/SPECIAL POWER OF ATTORNEY FORM**

| | | | |
|---|-------------|-------------------------------------|------------------------------|
| Child's Name _____ DOB: _____ | | | |
| Address _____ | | | |
| City _____ | | State _____ Zip _____ | |
| Known Allergies _____ | | | |
| Health Insurance Company _____ | | | |
| Policy Number _____ | | | |
| Emergency contacts: | Name | Number | Relationship to child |
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |

The undersigned, (being 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Preschool and its Directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned that occur while said child is participating in the above-described activity.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation, transportation, and work activities involved therein.

Further, authorization and permission is hereby given to the Preschool to furnish any necessary transportation, food, or other needs to this participant.

The undersigned further hereby agree to hold harmless and indemnify the Preschool, its directors, employees, and agents, for any liability sustained by the Preschool as the result of any negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

IF THE PARTICIPANT HAS NOT YET ATTAINED THE AGE OF 21 YEARS:

The undersigned hereby grant permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery of medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, the undersigned will assume all costs.

The Preschool may generally do and perform all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

This release applies to all activities for the year 2019-2020.

Father's signature Date

Mother's signature Date

Legal Guardian's signature Date

Date received:

Date:

Additional Signatures

Child's Name:

Parent Name:

Parents Signature:

Parent Handbook

Initial here _____

I have read the Seeds of Faith Preschool parent handbook and I am aware all the policies stated within. (A copy of the handbook is located online at www.sofpreschooldouglasville.com/parentcorner or a paper copy may be requested at the preschool office)

Photo Release Form

Initial here _____

I grant Seeds of Faith Preschool permission to publish my child (children's) photograph(s) in publications (i.e. church bulletin insert and classroom newsletters), on the church website and other media outlets. I understand that any photo would be used to promote the Preschool's ministry as well as offer information and resources. Seeds of Faith Preschool is a 501c3 non-profit agency. By initialing above, I acknowledge my understanding of the above and grant my permission for use of the photograph (s).

Bright from the Start

Initial here _____

I understand that Seeds of Faith Preschool is exempt from licensing as a child care facility and is not required to be licensed in the State of Georgia.

Date received:

Seeds of Faith Preschool Emergency Contact Form

| | |
|---------------|------|
| Child's name: | DOB: |
| Allergies: | |
| Parents: | |

| |
|----------------------------|
| Home phone number: |
| Cell phone number (Mom): |
| Cell phone number (Dad): |
| Additional contact number: |

People that may pick up child from school (other than parents):

| Name | Phone | Relationship to child |
|------|-------|-----------------------|
| 1. | | |
| 2. | | |
| 3. | | |

***Are there any people that can NOT pick your child up from school?

If so, SOF requires a court/custody document indicating this.

Date received:

Medical Information

Child's Doctor's Name

Phone Number

Does your child have any allergies? _____Y _____N

If so, please list and be specific, including severity: _____

Is your child's allergy life-threatening _____Y _____N

Does he/she require an Epi Pen? _____Y _____N

****If an Epi pen is required, it is the responsibility of the parent to provide the pen in the child's backpack daily.**

Previous serious injury or illness: _____

Current medications and conditions: _____

Other Important Medical Information: _____

Parent Signature