



Timothy Lutheran Early Childhood Education  
 556 Arnold Mill Road, Woodstock, GA 30188  
 770-924-7995 Fax: 678-445-7151  
 www.tlcwoodstock.org/tlc.ecedirector@comcast.net

Registration Date \_\_\_\_\_

Registration Fee Pd. \_\_\_\_\_

Note \_\_\_\_\_

## 2020-21 Registration Form

### School Day

<u>Class</u>	<u>Age</u>	<u>Day</u>	<u>Hours</u>	<u>Monthly Tuition</u>
____ Timothy Tykes	2 yrs. -- (by 12/31/20)	T/TH	9 - 1	\$ 180
____ Young 3's	3 yrs. -- (by 12/31/20)	M/W	9 - 1	\$ 180
____ 2-Day 3's	3 yrs. - (by 9/1/20)	T/TH	9 - 1	\$ 180
____ 3-Day 3's	3 yrs. - (by 9/1/20)	M/W/F	9 - 1	\$ 220
____ 5-Day 3's	3 yrs. - (by 9/1/20)	M-F	9 - 1	\$ 265
____ Young 4's	4 yrs. - (by 12/31/20)	M-TH or F	9 - 1	\$ 230/\$265
____ Pre-Kindergarten (4 days)	4 yrs. - (by 9/1/20)	M-TH	9 - 1	\$ 230
____ Pre-Kindergarten (5 days)	4 yrs. - (by 9/1/20)	M-F	9 - 1	\$ 265
____ Transitional Kindergarten	5 yrs. - (by 9/1/20)	M - F	9 - 1	\$ 265
____ Friday Friends		Friday	9 - 1	

### Extended Day

Before and after care is available Monday through Friday from 8:00 - 9:00 a.m. and from 1:00 - 3:00 p.m. Each hour costs \$4.00 and will be invoiced at the end of each month of use. Please sign up with your teacher each morning if you will be using this program.

### Friday Friends

A Friday class is available for those not normally in school on that day. This class is offered every Friday on a first come-first served availability with sign-up available weekly or as a permanent schedule add-on. The cost is \$25/day, or can be considered an additional day with a weekly, annual commitment (i.e. a 2-day student that comes every week to FF for the year pays the 3-day rate monthly - check appropriate class above).

Child's full name \_\_\_\_\_

Name child goes by \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Primary Email \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision \_\_\_\_\_

### Child's Living Arrangements (Check One)

Child lives with \_\_\_\_\_ both Parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other

**Family Information**

Father's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does your family regularly attend church? \_\_\_\_\_ If so, where do you worship?

\_\_\_\_\_

Please list siblings and all people, besides parents, who live with your child.

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

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

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

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

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

**Pick - up Information**

Persons Who **MAY** pick up my child (No need to include parents living together):

**Full Name:** \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Any persons picking up your child will be required to show picture identification to staff.

**Child's Personal Information**

Describe any group or preschool your child has. Include the program and your child's response to the experience.

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Please describe any allergies your child has. \_\_\_\_\_

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Are there any medical or developmental issues of which we should be aware?

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Is your child toilet trained? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Is there anything else you would like for us to know about your child and/or family?

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How did you hear about our program? \_\_\_\_\_

\_\_\_\_\_ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the program.

\_\_\_\_\_ I acknowledge that my child may be photographed or videotaped for public relations purposes only, with no associated names or personal information attached, and that those photos or videos may be used for printed or digital media for public relations purposes only.

\_\_\_\_\_ I agree to read the Parent Handbook and will abide by the regulations unless otherwise noted.

\_\_\_\_\_ I understand that Timothy Lutheran Church and/or school staff cannot be held responsible for accident or injury that may occur on the property of the church.

\_\_\_\_\_ I agree to provide any updated information as needed for this form as changes occur.

\_\_\_\_\_ I understand that the registration fee is nonrefundable and I agree to pay the fees owed, understanding that any tuition more than 30 days in arrears may result in program dismissal.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Timothy Lutheran Church Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.*

**Timothy Lutheran Church Preschool Emergency Contact Information 2020-21**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Sex

Mother's/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Secondary Phone Secondary Phone

Child's Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

**Alternative Emergency Contacts**

Alternative #1 Emergency Contact \_\_\_\_\_ Alternative #2 Emergency Contact \_\_\_\_\_

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

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize Timothy Lutheran Church Preschool & Kindergarten program to seek medical treatment for my child. I give permission to the emergency physician to secure proper medical treatment if I can not be contacted. It is understood that a conscientious effort will be made to locate me, my spouse or an alternative emergency contact before action is taken. If we cannot contact you or your child's physician we will attempt to call another physician, call 911 and/or have the child taken to an emergency hospital in the company of a staff member or representative of the church. In this case, accept the financial responsibility. In the event of a life-threatening emergency, I understand that '911' will be called to take my child to the closest available facility.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

