



**Timothy
Lutheran
Preschool**
Love Grows Here

Timothy Lutheran Early Childhood Education

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Woodstock GA 30188

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2021-22 Registration Form

School Day 9 a.m.-1 p.m.

| <u>Class</u> | <u>Age</u> | <u>Day</u> | <u>Monthly Tuition</u> |
|---------------------------------|------------------------|------------|------------------------|
| _____ 2-Day 2's | 2 yrs. -- (by 9/1/21) | T/TH | \$ 185 |
| _____ 3-Day 2's | 2 yrs. -- (by 9/1/21) | M/W/F | \$ 240 |
| _____ 2-Day 3's | 3 yrs. -- (by 9/1/21) | T/TH | \$ 185 |
| _____ 3-Day 3's | 3 yrs. -- (by 9/1/21) | M/W/F | \$ 240 |
| _____ Young 4's | 4 yrs. - (by 10/31/21) | M-TH or F | \$ 270/\$300 |
| _____ Pre-Kindergarten (4 days) | 4 yrs. -- (by 9/1/21) | M-TH | \$ 270 |
| _____ Pre-Kindergarten (5 days) | 4 yrs. -- (by 9/1/21) | M-F | \$ 300 |
| _____ Transitional Kindergarten | 5 yrs. -- (by 9/1/21) | M-F | \$ 300 |

- For 2 and 3-year olds that would like to attend 4 or 5 days per week, please sign up for the two classes you are requesting. The monthly tuition will be the combined amount with a \$50 discount.
(i.e. \$185+\$240= \$425- \$50= \$375 for a 5 day 3s student)
- Registration Fee of \$110 per student is due at time of registration and is non-refundable.
- Immunization form #3231 or Religious Exemption form is due by August 31, 2021.
- Students in 3's classes and older must be able to use the toilet independently – no diapers or pull-ups.
- Tuition discounts are available: Timothy Lutheran Church members receive a 15% discount, families with multiple children attending receive a 5% discount, and if you choose to pay the annual tuition by September 1, 2021, families will receive a 5% discount. Discounts cannot be combined. No discounts on registration fees or extended care invoices.
- Back by popular demand is our referral program! Receive 25% off next month's tuition if you refer a family that registers during February, March, or August, September. Your name must be listed on their registration form as a referral. We appreciate you!

Extended Day 8 a.m.- 9 a.m.; 1 p.m.-3 p.m.

Before and after care is available Monday through Friday from 8:00 – 9:00 a.m. and from 1:00 - 3:00 p.m.

You may attend as little or as much as needed during those times on an as-needed basis.

Please sign up with the director or your child's teacher if you will be using this program.

Each hour costs \$5.00 and will be invoiced at the end of each month of use.

Office Use Only: Reg date _____ Reg fee _____ #3231 _____ Note _____

Enrollment Form

Child's full name: _____ Class Preferred: _____

Name Preferred: _____ DOB _____ Male or Female

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 _____

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

Child's Personal Information

Describe previous school or large group experiences. Include the program and your child's response to the experience.

Allergies? If so, please describe.

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

Is your child toilet trained? _____ Yes _____ No

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

How did you hear about our program?

Parental Agreements

Please initial on each line and sign below.

- _____ I hereby grant permission for my child to use all 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 non-refundable, and I agree to pay the fees owed, understanding that any tuition more than 30 days in arrears may result in program dismissal.
- _____ I understand that my child's photo may be shared on Timothy Lutheran Preschool's private Facebook school group and/or class group. My child's name will not be shared or tagged.

Parent's Signature _____ Date _____

Timothy Lutheran Church Preschool admits students of any race, color, gender, 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, gender, 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 2021-22

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 _____