



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

Registration Date _____

Registration Fee Pd. _____

Note _____

2017-2018 Registration Form

School Day

	<u>Class</u>	<u>Age</u>	<u>Day</u>	<u>Hours</u>	<u>Monthly Tuition</u>
_____	Toddlers	18 mos.	T/TH	9 – noon	\$ 165
_____	Two's	24 mos.	M/W	9 – noon	\$ 165
_____	2-Day Early 3's	30 mos.	T/TH	9 - 1	\$ 165
_____	2-Day 3's	3 yrs.	T/TH	9 - 1	\$ 165
_____	3-Day 3's	3 yrs.	M/W/F	9 – 1	\$ 190
_____	Pre Kindergarten	4 yrs.	M-TH	9 – 1	\$ 210
_____	Pre Kindergarten	4 yrs.	M-F	9 – 1	\$ 250
_____	Transitional Kindergarten		M – F	9 – 1	\$ 260

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. Lunch Bunch is held from noon – 1 p.m. for Toddler's and Two's. Each hour costs one ticket and tickets can be purchased for \$4 or packs of 6/\$20. Pre-registration is not needed.

Friday Friends

A Friday class is available for those not normally in school on that day. This class is offered every Friday and requires that students register by Wednesday of each week. The cost is \$20/class.

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:

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.

Please describe any allergies your child has. _____

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? _____

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 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 2017-2018

Child's Name	Date of Birth	M F Sex
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Mother's/Guardian's Name	Father/Guardian's Name
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Primary Phone	() Secondary Phone	() Primary Phone	() Secondary Phone
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Child's Address

City, ST ZIP Code

Alternative Emergency Contacts

Alternative #1 Emergency Contact	Alternative #2 Emergency Contact
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() Phone	() Phone
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Relationship	Relationship
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Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
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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
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