



2020-2021

Kindergarten Registration

Good Shepherd Preschool & School Age Programs
 1400 Killian Hill Road, Lilburn, GA 30047
 770-925-2411

Non-Refundable Registration Fee: \$100

Student Information

Child's Name	Sex	Date of Birth
Home Address	City	Zip Code
Home Telephone Number	Grade Level	School

Parent Information

Mother's Name	Cell Number	Email Address
Employer's Address	Work Number	
Father's Name	Cell Number	Email Address
Employer's Address	Work Number	

Child's Living Arrangements: Both Parents Mother Father Other

Legal Guardians: Both Parents Mother Father Other

Siblings Names and Ages:

Name	Age
Name	Age

Language, other than English, spoken at home:

The child may be released to the person(s) signing this agreement or to the following:

Name	Relationship to Child	Phone Number
Name	Relationship to Child	Phone Number
Name	Relationship to Child	Phone Number

Persons to contact in case of emergency when parents cannot be reached:

Name	Phone Number
Name	Phone Number

Child's Physician:

Name	Phone Number
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Religious Affiliation/Church: _____

My child has the following special need(s): Yes No

If answered YES to the above question, please specify what accommodations may be required to meet your child's needs most effectively while at this school:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

If answered YES to the above question, please specify which medication below and complete the medication authorization form at the end of the registration form: _____

Good Shepherd Preschool & School Age Programs Tuition Agreement

The signing of this Tuition Agreement by parents and/or guardian is required before your child may attend Good Shepherd Preschool & School Age Programs. Please read carefully and sign where indicated.

It is important that tuition be paid in a timely manner. We are a non-profit school and ALL money goes back into the school to benefit our students. If tuition is not paid in a timely manner, then it ultimately affects the students in terms of services and materials that can be provided. Your understanding in this area is greatly appreciated.

Child's Name: _____

I have read and understand the following statements regarding Good Shepherd Preschool & School Age Programs tuition policies: _____

- I understand that the school year is an annual commitment; however, when necessary, a two-week written notice is required for withdrawing my child from preschool. If a two-week written notice is not provided, I know that I will be responsible for the tuition for the upcoming month.
- I understand that during the school year, if I need to change my child's hours or days, a schedule change form must be filled out and approved. After approval, my tuition will be adjusted accordingly.
- I understand that no deductions will be made from tuition for absences of any kind, nor will tuition be prorated for holidays.
- I understand that all tuition balances must be paid in full by the end of the current program (summer or fall) before registering for the next program.
- I understand that the fees for school are based on yearly tuition, broken down into 10 monthly installments (August-May). Monthly tuition is due no later than the 10th of each month. Parents may also choose to pay the yearly tuition in full, in August, to receive a 2% discount.
- I understand that if I am more than 14 days past due in payments, my account will be forwarded to the Preschool board for information and a recommendation will be made for payment action. Any accounts more than 30 days past due in payments will cause suspension of their child/children's enrollment. (Exception is if a family has signed and is following a formal payment plan.)

I agree to pay Good Shepherd Preschool & School Age Programs:

Kindergarten Only (Hours of Instruction 9:00 am-3:00 pm)	\$500 per month <input type="checkbox"/>
Additional Before Care (7:00-9:00 am)	\$160 per month <input type="checkbox"/>
Additional After Care (3:00-6:00 pm)	\$220 per month <input type="checkbox"/>
Additional Before & After Care	\$260 per month <input type="checkbox"/>

Parent/Guardian signature: _____

**2020-2021 Parental Agreement with
Good Shepherd Preschool & School Age Programs**

I understand that my signature indicates that I have received, read, and agree to adhere to the policies and procedures of Good Shepherd Preschool and School Age Programs. I also understand that Good Shepherd Preschool and School Age Programs agree to provide preschool and/or extended care for my child as outlined in the Tuition Policy.

Parent/Guardian signature: _____

Permission to Photograph

I grant Good Shepherd Preschool & School Age Programs the right to take photographs of my child and/or my family in connection with preschool activities. I authorize Good Shepherd Preschool, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that Good Shepherd may use such photographs with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian signature: _____

Sunscreen and Bug Spray Permission

I give Good Shepherd Preschool and School Age Programs permission to apply bug spray and sunscreen on my child when playing outside.

Child's Name: _____

Parent/Guardian signature: _____

EMERGENCY MEDICAL AUTHORIZATION

Should my child, _____, suffer an injury or illness while in the care of Good Shepherd and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring medical attention involving my child.

Signature of Parent/Guardian	Date	Telephone