

Good Shepherd Preschool
1400 Killian Hill Road
Lilburn, GA 30047
770-925-2411

2024-2025 Pre-K Registration

(children who are 4 years old on/before September 1st)

Student Information

Child's Full Name	Prefers to be called
Age on 9/1/24	Date of Birth
Gender	Home Phone #
Home Address	City & Zip
Pediatrician/Clinic Name	Pediatrician/Clinic Phone #

Parent Information

Parent 1 Name	Email Address	Cell Phone #
Employer	Work Phone #	Work Address
Parent 2 Name	Email Address	Cell Phone #
Employer	Work Phone #	Work Address

Living Arrangements (Circle One) Both Parents One Parent Other _____	Are you a member of another church/religious organization? If so please list below.
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Sibling Information

Name & Age	Name & Age	Name & Age
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Medical Information

Drug Allergies Y N	If yes, please list
Food/Other Allergies Y N	If yes, please list
Does your child have an allergy response plan? Y N	Epipen? Y N

Does your child have any condition to note, should emergency treatment be needed? If yes, please specify.
Does your child require any special accommodations in the classroom? If yes, please specify.

Authorized Pick-Up (Child may be released to the person(s) signing this agreement or to the following)

Name	Relationship	Address & Phone #
Name	Relationship	Address & Phone #
Name	Relationship	Address & Phone #

Emergency Contacts (Persons to contact in case of emergency when parents cannot be reached)

Name	Relationship	Address & Phone #
Name	Relationship	Address & Phone #

Parental Agreements

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: _____ **Date:** _____

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.

Signature: _____ **Date:** _____

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.

Signature: _____ **Date:** _____

2024-2025 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.

Signature: _____ **Date:** _____

Scheduling Options (Choose One)

5 Day (Monday-Friday)

Monthly Tuition

9:30-1:30	\$335
9:30-3:30	\$605
9:30-6:00	\$840
7:00-1:30	\$605
7:00-3:30	\$840
7:00-6:00	\$890

Non-refundable Registration Fee \$150 per family (\$125 for returning families) due with registration form.
Families with multiple Good Shepherd students should not exceed the family maximum of \$150 in total registration fees.

Good Shepherd Preschool & School Age Programs Tuition Agreement

The signing of this Tuition Agreement by parents and/or guardians 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 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 have read and understand the following statements regarding Good Shepherd Preschool & School Age Programs tuition policies and agree to pay tuition in a timely manner.

Parent/Guardian signature: _____

Return Instructions:

Completed forms may be returned to school in your child's communication folder or emailed to AsstPreschoolDirector@goodshepherdpc.org.

Your registration is considered complete when this form has been returned and your registration fee has been paid. Cash and checks will be received in the church office on Monday – Thursday between 9am and 4pm, or you may choose to be invoiced on your Headmaster account.

Please complete the following for our records

Payment (circle one):	Cash	Check	Invoiced Through Headmaster
Returning Family?		Yes	No
Siblings in GSP?		Yes	No
Date Registration Submitted			