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

2024-2025 Toddler Registration

(children who are 12 months 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)	Are you a member of a church/religious
	organization? If so, please list below.
Both Parents	
One Parent	
Other	

Sibling Information

Name & Age	Name & Age	Name & Age

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.
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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:
family in connection with presci to copyright, use and publish the	ol & School Age Programs the right to take photographs of my child and/or my nool activities. I authorize Good Shepherd Preschool, its assigns, and transferees a same in print and/or electronically. I agree that Good Shepherd may use such a name for any lawful purpose, including for example such purposes as publicity, to content.
Signature:	Date:
Sunscreen and Bug Spray Pern I give Good Shepherd Preschoo child when playing outside.	n ission I and School Age Programs permission to apply bug spray and sunscreen on my
Signature:	Date:
I understand that my signature i procedures of Good Shepherd F	nt with Good Shepherd Preschool & School Age Programs Indicates that I have received, read, and agree to adhere to the policies and Preschool and School Age Programs. I also understand that Good Shepherd rams agree to provide preschool and/or extended care for my child as outlined
Signature:	Date:
•	cle One) Non-refundable Registration Fee of \$150 (\$125 for returning form. Families with multiple Good Shepherd students should not exceed the I registration fees.

3 Day (Tu/Wed/Thur)	Monthly Tuition
9:30-1:30	\$330
9:30-6:00	\$660
7:00-3:30	\$660
7:00-6:00	\$725

5 Day (Monday-Friday)	Monthly Tuition
9:30-1:30	\$395
9:30-3:30	\$670
9:30-6:00	\$910
7:00-1:30	\$670
7:00-3:30	\$910
7:00-6:00	\$955

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:		
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- I understand that the school year is an annual commitment; however, when necessary, a twoweek 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@qoodshepherdpc.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 Submitte	d		