

Family Registration



Child Information

Registration Date:

1st Child

Last Name		First Name		M.I.	Nickname
Current Class	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		
			City:	State:	

Pediatrician's Name	Phone	Address
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Existing medical conditions, medications and/or special attention your child may require

Allergies:

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

2nd Child

Last Name		First Name		M.I.	Nickname
Current Class	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		
			City:	State:	

Pediatrician's Name	Phone	Address
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Existing medical conditions, medications and/or special attention your child may require

Allergies:

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

3rd Child

Last Name		First Name		M.I.	Nickname
Current Class	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		
			City:	State:	

Pediatrician's Name	Phone	Address
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Existing medical conditions, medications and/or special attention your child may require

Allergies:

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian						
Last Name		First Name		M.I.	Relationship to Child	
Email Address			Work Phone		Cell Phone	
Occupation	Employer		Work Address			Work Hours
2nd Primary Guardian						
Last Name		First Name		M.I.	Relationship to Child	
Email Address			Work Phone		Cell Phone	
Occupation	Employer		Work Address			Work Hours
Additional Information						
Which Guardian Should be Called First?			Home Phone		Preferred language for written communication:	
Home Resident Street Address			Apt #	City		Zip Code
Mailing Address (if different than above)			Apt #	City		Zip Code

Additional Comments & Information:

For Office Use Only

Payment received: \$ _____ **Check #** _____ **Cash** _____ **CC** _____

Payment for: ☐ \$100 Registration ☐ \$80 Sibling Registration ☐ \$100 Activity fee

☐ August 2023 Tuition Payment \$ _____ ☐ September 2023 Tuition Payment \$ _____ ☐ May 2024 Tuition Payment \$ _____

Please read and sign the following School Agreements:

► Enrollment Agreement

I hereby enroll my child in Preschool at the Heights for the 2023-2024 school year. I understand that my child is enrolled for the entire school year and that I am responsible for tuition payments from time of enrollment through May 2024. **If for any reason I need to withdraw from the program, I understand that one (1) month's written notice is required. If a one month notice is not given, I understand I am obligated to pay an additional month's tuition.** If withdrawal occurs at any time I understand my May Tuition is Non-Refundable and acts as my last month's tuition. **I also understand that exceptions regarding tuition cannot be made for absences, illness, inclement weather, vacations, extended travel, or school closings. This includes CoVid-19 related issues or any communicable disease that causes my child's class or the school to close.**

Signature

Date

► Financial Agreement

I understand that the registration payment is non-refundable. May 2024's tuition will be due on May 16, 2023 or at time of registration and is also non-refundable. Monthly tuition is due the 1st of each month. A \$25.00 late fee will be charged on any payment made after the 10th day of the month and an additional \$10.00/day thereafter. I also understand that a \$25.00 fee will be charged for any returned checks. **I understand that exceptions regarding tuition cannot be made for absences, illness, inclement weather, vacations, extended travel, or school closings. This includes CoVid-19 related issues or any communicable disease that causes my child's class or the school to close.** I agree to meet all financial obligations to Preschool at the Heights for the 2023-2024 school year.

Signature

Date

► Photo Release

I hereby give permission for my child to be included in photographs connected with the P.A.T.H. school program. Such photographs will be used solely for school purpose and promotion which includes, but is not limited to, the school website, class booklets, or class apps. Photographs used on the preschool website WILL NOT be labeled with a child's name. I understand that information and pictures from the web can be copied by others and that the Preschool at the Heights holds no responsibility for this action.

_____ **Yes** _____ **No**

Signature

Date

► Licensing Exemption Acknowledgement

I understand that Preschool at the Heights is exempt from Bright from the Start state licensing. Preschool at the Heights is not a licensed state program. Preschool at the Heights is certified by the North Georgia United Methodist Conference Preschool Association.

Signature

Date

Program Schedules

Choose your program based on your child's date of birth and desired days of the week if applicable.

Preschool Program – Ages 2 through 4 (please check class and circle desired days):

- ☐ Bears & Lions 2 year olds (2 by 9/1/23) **M/W/F (3 days) or M-F (5 days)**
- ☐ Jellyfish & Starfish 3 year olds (3 by 9/1/23) **M-F (5 days)**
***MUST BE POTTY TRAINED**
- ☐ Frogs Pre-K (4 by 9/1/23) **M-F (5 days)**
***MUST BE POTTY TRAINED**

Toddler Program (1 year olds by 9/1/2023)

- ☐ Lambs W/F Two Days **W/F (2 days)**
(Two by 9/1/2023 - 2/28-29,2024)
- ☐ Lambs Tu/Th Two Days **T/TH (2 days)**
(Two by 3/1/24 - 8/31/2024)

