

MT. ZION BAPTIST PRESCHOOL REGISTRATION FORM

Child's Full Name _____

Address _____ City _____

Zip Code _____ Birthday _____

Home Phone # _____ Child's Age as of **September 1, 2010** _____ Gender: M F

Father's Name _____

Work Number _____ PLACE OF EMPLOYMENT _____

Cell or Beeper _____

Mother's Name _____

Work Number _____ PLACE OF EMPLOYMENT _____

Cell or Beeper _____

Child's Siblings & their Ages _____

Emergency Contacts (In the event that the child's parents cannot be reached at the above numbers, please list in order your emergency contacts). These people would also be allowed to pick up your child from preschool.

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Name of church you attend _____

Does your child have any medical history that we should be aware of? If so, please specify.

Allergies: _____

Disabilities _____

Do you have any talents or an occupation that you would like to share with our classes some time? _____

PLEASE COMPLETE REVERSE SIDE

Parent Signature

Date

WEEKDAY EDUCATION PROGRAM FOR PRESCHOOLERS

Mt. Zion Baptist Church
4096 East Cherokee Drive
Canton, GA 30115

Phone Number: 770-479-8058

APPLICATION FOR ADMISSION

Please circle the class that you want your child enrolled in. Keep in mind that the child must be that age by **SEPTEMBER 1, 2010.**

<u>CLASS</u>	<u>REGISTRATION FEE</u>	<u>MONTHLY TUITION</u>	<u>ANNUAL TUITION</u>
18-24 Months (Tuesday and Thursday)	\$100	\$125	\$1250
2 Year Olds (Monday and Wednesday)	\$100	\$125	\$1250
2 Year Olds (Tuesday and Thursday)	\$100	\$125	\$1250
2 Year Olds (Tues., Wed., Thurs.)	\$100	\$145	\$1450
3 Year Olds (Tues., Wed., Thurs.) <u>MUST BE POTTY TRAINED</u>	\$100	\$145	\$1450
3 Year Olds (Monday-Thursday) <u>MUST BE POTTY TRAINED</u>	\$100	\$165	\$1650
*4 Year Olds (Tues., Wed., Thurs.)	\$100	\$145	\$1450
*4 Year Olds (Monday-Thurs.)	\$100	\$165	\$1650

REGISTRATION FEES ARE NON-REFUNDABLE.

***All incoming four year old students must pay the \$100 registration fee + ½ the first month's tuition at the time of registration. These fees are non-refundable.**

Registration fee is due at time of registration. Please note that submission of this registration form does not automatically guarantee placement in a class. You will be notified in writing when your child has been placed. Tuition is due the **1st day** of preschool for every new month. Tuition is **considered late** after the **5th** of the month, **REGARDLESS OF WHETHER SCHOOL IS IN SESSION ON THOSE DATES OR NOT.** I understand that my tuition is **AN ANNUAL AMOUNT** that is due, but I agree to pay it in monthly payments. If you have more than one child in our program, the second child will receive \$10.00 off their monthly tuition.

I understand and agree to pay the above fees in a timely manner. I understand that **late fee of \$10** will be charged **after the 5th** with an **additional \$5.00 charge added for each additional week that tuition is delayed.** I understand that no deduction in tuition is allowed due to absences or illness or any other reason unless approved by the Director. I also understand that whether my child is present or not, the teachers have planned and prepared for my child; therefore, **full tuition is paid monthly starting in August and through the month of May, regardless of school closings. If for some reason I need to withdraw my child from preschool, I agree to give Mt. Zion Preschool a 30-day NOTICE. By not giving notice, I understand that I am responsible for an additional month's tuition.**

Signature

Date

Completed by Director:

Registration Fee Paid _____ Form Completed _____

Class Placement _____