



REGISTRATION FORM

2018-2019

MOUNT ZION WEEKDAY PRESCHOOL

1525 Scenic Highway, Snellville, Georgia 30078

mzpreschool@mountzionsnellville.com

Office: 770-972-5014 Fax: 770-972-7310

Please print clearly

Child's Name _____ Birthdate _____

What name does your child go by? _____ Gender: Male ___ Female ___

Does your child have any allergies? Yes/No	Does the allergy require an epipen? Yes/No
List Allergies _____	_____

Address _____

City _____ State _____ Zip _____ E-mail _____

Home Phone # _____

Father's Name _____ Dad's Cell # _____

Dad's Work # _____ Occupation _____

Mother's Name _____ Mom's Cell # _____

Mom's Work # _____ Occupation _____

Does child live with both parents? Yes/No If no, list with whom the child lives and describe custody agreement regarding either parent visiting classes or taking the child from school:

Did your child attend a school last year? Yes _____ No _____

If yes, where? _____

Names and ages of other children in your home: _____

Any evidence of hearing loss, vision difficulties, speech delays or developmental delays?

Yes _____ No _____ If yes, please explain _____

Does your child receive any resource services or intervention including physical, occupational or speech therapy? Yes _____ No _____ If yes, please explain _____

What primary language does your child speak? English? _____ Spanish _____ Other _____

What is the primary language spoken in the home? _____

In what ways do you expect our program to help your child? _____

Is there anything about your child or family/home situation you feel we need to know, so we may better meet the needs of your child? _____

Does your family attend church regularly: Yes/No Name of Church _____

Class Registering For:

*Tu/Th 1s _____	W/F 1s _____
Tu/Th 2s _____	M/W/F 2s _____
4 Day 2s _____	
M/Tu/Th 3s _____	M/W/F 3s _____
4 Day 3s _____	5 Day 3s _____
4 Day 4s _____	5 Day 4s _____
5 Day 4/5s Transition _____	

*** The one year old classes will be filled beginning with the Tuesday/Thursday class. Please indicate your preference. Put a #1 or #2 by the one year old class you prefer. If the T/Th class fills, MZP will open an additional class. Students currently registered will have first priority to be placed in the the new class.**

2018-2019 Class Fees		
<i>DAYS</i>	<i>Reg. Fee</i>	<i>Monthly Tuition</i>
<i>One Year Olds</i>		
2 Days (T/Th or W/F)	\$160.00	\$160.00
<i>Two Year Olds</i>		
2 Days T/Th	\$160.00	\$160.00
3 Days M/W/F	\$180.00	\$180.00
4 Days T-F	\$200.00	\$200.00
<i>Three Year Olds</i>		
3 Days M/T/Th	\$210.00	\$180.00
3 Days M/W/F	\$210.00	\$180.00
4 Days T-F	\$230.00	\$200.00
5 Days M-F	\$250.00	\$220.00
<i>Four Year Olds</i>		
4 Days T-F	\$230.00	\$200.00
5 Days M-F	\$250.00	\$220.00
<i>Four/Five Year Old Transition Class</i>		
5 Days M-F	\$255.00	\$225.00

I am enclosing the required registration fee of \$_____. ***I understand the registration fee is non-refundable and is not applied to tuition.*** I agree to pay the monthly tuition of \$_____ by the tenth of each month (nine equal payments- August through April) and an additional \$15.00 if paid after the tenth of the month. ***I understand the August tuition payment confirms and guarantees my child's registration for the beginning of school. Without receipt of this payment, the Weekday Preschool has the right to relinquish my child's spot to another applicant.*** I understand that if I must withdraw my child from the program, one month's notice is required and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends. I understand if I am late picking up my child, I will be charged a late fee. I understand if my check is returned from the bank, I will be responsible for paying bank charges as well as a \$25.00 fee. If a second check is returned, all future payments must be made in cash, money order or credit card. I also understand that nonpayment of tuition for 30 days past due the scheduled due date, will result in the relinquishment of my child's placement at MZP. Tuition must be paid in full for the school year in order to participate in end of the year programs. **Mount Zion Preschool follows the Gwinnett County Public School calendar and does not makeup days due to inclement weather.** *In addition to checks, cash, and money orders, MZP offers Click to Pay and Square Payments for credit cards. Processing fees for the credit card programs apply.*

 Parent's Signature

 Date

Three and four year-old classes only

I understand it is the policy of Mount Zion Weekday Preschool that all children in three and four year-old classes must be potty-trained to enroll and/or continue in the program.

Parent's Signature

Date

PARENT AGREEMENT

1. Yes/No I agree to read the Parent Handbook and abide by all of the policies set forth by Mount Zion Weekday Preschool. (To access the parent handbook, go to www.mountzionsnellville.com and click on the Weekday Preschool tab. The handbook is located in the Parent Portal and is password protected. The parent portal password can be obtained by contacting the Weekday Preschool office and is distributed to current families in the fall.)
2. Yes/No I give permission for my child's individual photo, classroom photos, and school activity photos to be used for school display and for keepsakes and mementos.
3. Yes/No I give permission for my child's photos to be posted to the Mount Zion Facebook page and/or website for parent viewing. This includes fall/spring class photos for ordering.
4. Yes/No I give permission for my child's name, address, telephone number and family email address to be included on the class directory list which may be distributed to other parents in my child's class.

Parent's Signature _____ Date _____

Child's Name _____

EMERGENCY INFORMATION

Please list below two responsible adults who we may contact if we are unable to contact parents.
This is vital information, please write legibly.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Doctor _____ Phone _____

List and explain any medical problems (Example: food/environmental allergies, asthma, etc.)

List any medications your child takes on a regular basis _____

In the event of an emergency Mount Zion Baptist Church, Weekday Preschool employees and/or agents will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for Mount Zion Baptist Church, Weekday Preschool employees and/or agents to obtain emergency medical attention in case of sickness or injury to my child, _____. I hereby grant permission to said church, preschool employees and/or agents to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. In consideration for you allowing my child to participate in the Mount Zion Weekday Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them.

Parent's Signature

Date

I understand that Mount Zion is a private, non-profit program, is not licensed and is not required to be licensed by Bright from the Start/Georgia Department of Early Care and Learning.

Parent's Signature

Date

----- **DO NOT WRITE BELOW THIS LINE** -----

Date Registration form received: _____ Entrance date: _____

Registration fee received: \$ _____ Cash _____ Check# _____ Card _____

Withdrawal date: _____

Number of days attending: _____ Age _____ Days of week attending: _____

Siblings attending: Name _____ Age _____ Class _____
Name _____ Age _____ Class _____

Wait List Class (if applicable) _____
Date _____ Time _____