

Alpha Center Preschool

Enrollment Form

Registration Fee (Due at time of registration) \$30

Non Refundable

Child's Name _____ Date of Birth: _____

August – May
8:00 AM – 12:00 PM

Two Day Two-Year-Old Class	\$90
Three Day Three-Year-Old Class	\$110
Five Day Three-Year-Old Class	\$140
Five Day Four-Year-Old Class	\$140

Please Check Program Desired: (Your child must be the age of the class on or before September 1st):

_____ Two-Year-Old Class (Monday & Wednesday, 8 a.m. - 12 p.m.)

_____ Two-Year-Old Class (Tuesday & Thursday, 8 a.m. - 12 p.m.)

_____ Three-Year-Old Class (Monday, Wednesday & Friday, 8 a.m. – 12 p.m.)

_____ Three-Year-Old Class (Monday, Tuesday, Wednesday, Thursday & Friday, 8 a.m.-12 p.m.)

_____ Four-Year-Old Class (Monday, Tuesday, Wednesday, Thursday & Friday, 8 a.m. - 12 p.m.)

*Please note children must be toilet trained for the 3 & 4 year old classes. Pull ups are not acceptable.

The \$30 registration fee (made payable to Alpha Center Preschool) must accompany this enrollment form in order to reserve a spot. Registration fees, supply fees and tuition payments are non-refundable. No reimbursements are made for vacation, illness, or the closing of school due to inclement weather or unforeseen circumstance. All tuition is due the 1st of each month, and any payment received after the 10th day of month should include a \$15 late fee. The supply fee for the 2 year old class is a onetime fee of \$50.00 due at the beginning to the year. The 3 and 4 year old classes has a supply fee of \$100.00 and is split into two payments, \$50 due at the beginning of the year and \$50.00 at the middle of year.

Parent/Guardian Signature: _____

Date: _____ Amount Paid\$ _____ (Cash / Check# _____)

Alpha Center Preschool

Lavonia United Methodist Church
25 Baker Street Lavonia, Georgia 30553
(706) 356 4550



Child's Name _____
Last First Middle

Child's Date of Birth: _____ Sex: M__ F__

Street Address: _____ City: _____

State: _____ Zip Code: _____

Family Information

Mother's Name: _____ Email: _____

Mother's Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Place of Work: _____

Father's Name: _____ Email: _____

Father's Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Place of Work: _____

PARENTAL STATUS: Single: _____ Married: _____ Separated: _____ Divorced: _____

Does one parent have custody? _____

If yes, which one? _____

If other than parent, name of the person with whom the child lives: _____

Who is/are legal guardian(s)? _____

Is a parent/person NOT permitted to pick up the child at school? (Legal documentation is required for us to comply)

Are there any special circumstances of which our school should be aware? (Single parent home, adoption, grandparents living in home, etc.) _____

Authorized Pick-up Information

Please list Persons Allowed to Pick Child up from Alpha Center

Name _____ Cell Phone _____

Address _____ Home/work phone _____

Name _____ Cell Phone _____

Address _____ Home/work phone _____

Emergency Contacts

People to call in case of EMERGENCY – (Do not list Parents)

1. Name _____

Relationship to child: _____

Home Phone: _____

Cell phone: _____

2. Name _____

Relationship to child: _____

Home Phone: _____

Cell phone: _____

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25 Baker Street Lavonia, Georgia 30553
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Medical/Insurance Information

Physician's Name _____ Telephone Number _____

Physician's Address _____

Health Plan _____ Group#: _____ ID#: _____

Are your Child's immunizations up to date? Yes ____ No ____
(Please attach a copy of immunization record) If not up to date, please explain:

Please list any medical/dietary/religious restrictions or conditions (Allergies/Asthma):

If severe, an Allergy/Asthma Plan will need to be completed prior to the first day of school.

Other medical information:

Does your child have any speech, hearing or visual problems? Yes ____ No ____

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Photo Release

I am aware that photographs or video may be taken of Alpha Center participants during event, activities, and classes by Alpha Center staff members, professional photographers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I give Alpha Center and its representative's permission to use photographs or video that includes my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

I certify I have read the above authorization, release, and agreement, and fully understand what this document says.

____ Yes, I agree to the above photo release.

____ No, I do not agree to the above photo release.

Student's Name _____

Parent/Guardian Signature _____

Date _____