

# 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	\$100
Five Day Three-Year-Old Class	\$150
Five Day Four-Year-Old Class	\$150

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

\_\_\_\_ 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, 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.

**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: \_\_\_\_\_

# Alpha Center Preschool

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

## 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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25 Baker Street Lavonia, Georgia 30553  
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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 \_\_\_\_\_