



Today's Date \_\_\_\_\_

New student       Returning student

## 2020-2021 REGISTRATION

Child's Name:

\_\_\_\_\_ *First* \_\_\_\_\_ *Last*

Nickname: \_\_\_\_\_ Sex:    F    M

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Sept. 1, 2020 \_\_\_\_\_

(Child's age as of September 1 determines the class for which they will enroll.)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Is your child toilet-trained\*?    YES    NO

*\*Children attending 3-year and older classes must be toilet trained.*

<b>Class Selection*</b>	
<i>(please check one)</i>	
<input type="checkbox"/> 1-Year Old, 2 Day (T, Th)	\$210
<input type="checkbox"/> 1-Year Old, 2 Day (M, W)	\$210
<input type="checkbox"/> 2-Year Old, 2 Day (T, TH)	\$210
<input type="checkbox"/> 2-Year Old, 3 Day (M, W, F)	\$235
<input type="checkbox"/> 3-Year Old, 2 Day (T, TH)	\$210
<input type="checkbox"/> 3-Year Old, 3 Day (M, W, F)	\$235
<input type="checkbox"/> 3-Year Old, 4 Day (M-Th)	\$260
<input type="checkbox"/> 3-Year Old, 5 Day (M-F)	\$285
<input type="checkbox"/> 4-Year Old, 4 Day (M-Th)	\$260
<input type="checkbox"/> 4-Year Old, 5 Day (M-F)	\$285
<input type="checkbox"/> Kindergarten (M-F)	\$300
<b>*Registration fee is equivalent to one month's tuition</b>	

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Cell phone carrier (required) \_\_\_\_\_

Email  \_\_\_\_\_ Email  \_\_\_\_\_  
*Check box to indicate the primary email.*

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Do both parents have custody rights? \_\_\_\_\_

Has your child attended a weekday preschool program before? If so, where? \_\_\_\_\_

Siblings attending Shadowbrook Weekday School (Name and Age Level) \_\_\_\_\_

Primary language spoken at home? \_\_\_\_\_ Does child speak/understand English? \_\_\_\_\_

Does your child have any allergies?    YES    NO      Does your child require an Epipen?    YES    NO

List Allergies: \_\_\_\_\_

Does your child have evidence of hearing loss, vision difficulties, speech delays or developmental delays?

YES    NO    If yes, please explain: \_\_\_\_\_

Does your child receive additional developmental services or intervention (i.e. physical, occupational, or speech therapy, etc.)?    YES    NO    If yes, please explain: \_\_\_\_\_

Any other health issues that we need to be aware of? \_\_\_\_\_

## PARENT AGREEMENT

\_\_\_\_\_ I wish to enroll my child, \_\_\_\_\_ at Shadowbrook Weekday  
*Parent Initials* School (SWS) for the 2020-2021 school year. I understand that the Registration Fee is without exception and non-refundable at the time of payment and these fees do not apply to any month's tuition.

\_\_\_\_\_ I also agree that SWS may withdraw the Activity Fee and ½ month's tuition for May on  
*Parent Initials* July 21, 2020 via Tuition Express. I will be reminded of this payment via email by July 14, 2020. I understand that the July 21 payment confirms and guarantees my child's enrollment for the beginning of school in September and that it is without exception and non-refundable at the time of payment. Without receipt of this payment on July 21, 2020, SWS has the right to relinquish my child's spot to another applicant.

\_\_\_\_\_ I agree that SWS will withdraw eight additional payments via Tuition Express for my child's  
*Parent Initials* tuition on the seventh (7) day of the following months: September, October, November, December, January, February, March and April. Tuition is considered past due if received after the seventh (7) day of the month for which it is due. I understand that a late fee of \$25 will be added to my child's tuition account for any payments not received by the seventh (7) day of the month due. If my tuition account becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. I understand that I will be responsible for paying any bank and/or credit card fees charged by my bank or Tuition Express if I fail to keep my card information current and updated.

\_\_\_\_\_ I understand that one month's notice is required if I must withdraw my child from SWS. I  
*Parent Initials* understand that I will be responsible for paying one month's tuition if I do not provide one month's notice prior to withdrawing my child.

\_\_\_\_\_ It is mutually agreed that in the event of an accident or illness of my child while at school, SWS  
*Parent Initials* shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, SWS will use its best effort to contact the emergency contacts provided in the order listed on the child's Health and Emergency Care Form. In the event the parents and the emergency contacts are not immediately available, SWS is authorized to secure such care as the situation may reasonably warrant.

\_\_\_\_\_ I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody  
*Parent Initials* rights to make decisions on behalf of this child, and as such, I agree that where SWS has acted in good faith to comply with accident and/or illness procedure, they shall not be liable for any accident and/or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent/legal guardian.

\_\_\_\_\_ I understand that I will be charged a late fee of \$1 per minute if I pick up my child after 1:50 pm.  
*Parent Initials*

\_\_\_\_\_ I acknowledge that SWS is exempt from state licensure requirements by the Georgia  
*Parent Initials* Department of Early Care and Learning. SWS is not a state licensed care facility.

By signing below, I acknowledge my understanding and agreement to the aforementioned Parent Agreement.

\_\_\_\_\_  
*Parent/Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY:** New Student  Returning Student  **Date Paid:** \_\_\_\_\_

**Registration Fee:** \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

or Tuition Express (if currently enrolled) \_\_\_\_\_ (*parent initials*)

**Additional Fees Paid:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_