



Peachtree Road Lutheran Preschool

Admission & Enrollment Agreement, 2019-2020

Child's Name:

Peachtree Road Lutheran Preschool welcomes all children regardless of race or religion.

<u>Child's Information</u>	<u>Schedule</u>	<u>Program</u>
Date of Birth: <input type="text"/> (MM/DD/YYYY)	<input type="radio"/> 2 days (Tue/Thu)	<input type="radio"/> Full Time (7:30AM - 6:00PM)
Age: <input type="text"/>	<input type="radio"/> 3 days (Mon/Wed/Fri)	<input type="radio"/> Part Time (8:00AM - 2:30PM)
Sex: <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 5 days (Mon - Fri)	Meal Plan: <input type="radio"/> Yes <input type="radio"/> No
Home Church: <input type="text"/>	*PRE-K & KINDERGARTEN ARE OFFERED M-F ONLY	

Parents are: Married Divorced Separated Single

Names and Ages of Siblings:

All others living in your home & their relationship to your child:

Language/s spoken at home:

Mother's Name: <input type="text"/>	Father's Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Occupation: <input type="text"/>	Occupation: <input type="text"/>
Employer: <input type="text"/>	Employer: <input type="text"/>
Business Address: <input type="text"/>	Business Address: <input type="text"/>
Home Phone: <input type="text"/>	Home Phone: <input type="text"/>
Work Phone: <input type="text"/>	Work Phone: <input type="text"/>
Cell Phone: <input type="text"/>	Cell Phone: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

A non-refundable annual registration fee of \$165.00 per child is due at the time of enrollment.

FOR NEW STUDENTS ONLY: A deposit of one month's tuition (the Tuition Deposit) per child is required at the time of registration and must accompany this agreement. Due with your registration packet, is one copy of your child's immunization records (Form 3231). Afterwards, PRLP will retrieve these documents online (if available) and notify parents of any discrepancies.

Once enrolled and accepted for admission in the new school year (beginning June 3, 2019), should a parent decide to withdraw their child, NO refunds of tuition deposits will be given after May 10, 2019.

Office use Only !			
Amount Paid: <input type="text"/>	Date: <input type="text"/>	Check Number: <input type="text"/>	Start Date: <input type="text"/>

Parental Agreement

Please read the following agreement thoroughly, making sure to fill in all applicable fields.

Initials:

- I agree to pay my child's monthly tuition on or before the 1st of each month. If not paid by noon on the 2nd, I will include a late fee of \$ 50.00.
- I understand that children who choose to eat school meals must pay an additional meal plan fee.
- I understand that my child(ren) must arrive by 9:00am each day, but not earlier than 7:30am (full-time) or 8:00am (part-time). Pre-K and Kindergarten must arrive by 8:50am.
- My child will not be allowed to enter or leave the facility without being escorted by an adult authorized by the child's parent to do so. Checking in and out daily is required to ensure your child's safety.
- Transportation for field trips is with written parental permission.
- In case of an emergency, I give permission for my child to be transported to Children's Healthcare of Atlanta (Scottish Rite) Hospital if I cannot be reached for other instructions. In case of disaster, I give permission for my child to be transported as necessary for their safety.
- Should my child become ill or have an accident requiring medical care, the school shall contact me immediately and is authorized to seek medical attention as needed. I will assume responsibility for payment.
- I understand that if my child has a fever, severe cough, sore throat, undetermined rash, vomiting, discolored mucus, upset stomach or diarrhea, he/she cannot return to school until they are healthy. If my child becomes ill while at school, I will be notified and asked to come pick him/her up within 30 minutes. **Children who have any of the above-mentioned conditions, must be free of all symptoms without the use of medications for 24 hours before returning to school.** The school will notify me if my child has been exposed to a communicable disease.
- My child has the following special needs:
- My child is currently on the following prescribed long-term medications or has the following illness, allergies or concerns:
- Before any medication is dispensed, I will provide **written authorization** which includes: date, name of child and medication, prescription number and dosage. Medication must be in the original container with my child's name marked on it. **Medication will only be dispensed at 10am and 2pm daily.**
- If my child is not picked up within 15 minutes after the school's closing time and all attempts to reach parents or listed emergency contacts have failed, **DFCS and the police the will be called.** Under no circumstances will staff release children to unauthorized persons, take children to their home or provide a ride elsewhere.
- I agree that the \$165.00 registration fee *is non-refundable*. I agree that tuition covers the provision of childcare and learning experiences as set forth in the curriculum of the school. Because our staff and operational expenses continue, we cannot refund tuition or offer make up days for times your child misses school due to inclement weather, illness or family vacations. This includes holidays, teacher workdays and school closings.
- I acknowledge that it is my responsibility to keep my child's records current with updated phone numbers, address changes, emergency contacts and immunization records.
- I understand that I am held to all the rules and standards expressed in the **Parent Handbook**. I understand that it is available to me at all times online and that it may be subject to change.
- I understand this is a legally binding contract; I have read it and accept all the terms and conditions herein. PRLP reserves the right to dismiss families not in compliance.

I understand and agree to all terms outlined regarding the registration/admission process.

Signature of Parent or Legal Guardian

Date (MM/DD/YYYY)

**Your typed or hand-written signature and date will be accepted.
No signature and/or date will be considered an incomplete form.**



Peachtree Road Lutheran Preschool

3686 Peachtree Road

Atlanta, Georgia 30319

Phone: 404.233.1658, Fax: 404.233.1110

registration@myprlp.com

Financial Acknowledgments

- **Enrollment is from June 3, 2019 - May 22, 2020.** NO refunds will be given if you withdraw your child after May 10, 2019 for the 2019-2020 school year. If you should need to withdraw your child in the middle of the year, a 60-day written notice is required. ***A fee of 25% of the total monthly tuition for the remaining months of your contract will be incurred.**
- Appeals to this policy may be made to the school board and hardship circumstances will be evaluated on an individual basis.
- I understand that **approved** schedule changes will take place at the beginning of the following month after written notice has been given. **Tuition deposits are applied in full-month increments and no proration will be considered.**
- I understand if I pick my child up after 2:30 p.m. or 6:00 p.m. that a flat fee of \$15.00 will be charged, along with a charge of \$1.00 per minute. At 2:31 p.m. or 6:01 p.m. pick up is **considered late.** There will be one grace period given per school year.
- I understand outstanding balances are the responsibility of the parent. Parents are required to pay all collection costs including the collection fee of any collection company and/or reasonable attorney fees not to exceed fifteen percent (15%) of the amount due.
- In the event that we experience inclement weather or other serious conditions causing local schools to close, we will follow the decision of the **DeKalb County School District (DCSD).** Please listen to the radio or television, and if DCSD makes the decision to close its schools, we will also close. Since these events are acts of nature and out of our control, a reduction in tuition or make up days will not be issued.
- **I understand there will be a \$3000 procurement fee if I hire a Peachtree Road Lutheran Preschool staff member away from Peachtree Road Lutheran Preschool during my child's enrollment period or within 12 months of withdrawal from Peachtree Road Lutheran Preschool.**
- All spaces will be offered on a first come first serve basis.

I have read and understand the above statements.

Signature of Parent or Legal Guardian

Date (MM/DD/YYYY)

**Your typed or hand-written signature and date will be accepted.
No signature and/or date will be considered an incomplete form.**



Peachtree Road Lutheran Preschool

TRANSPORTATION INFORMATION & MEDICAL EMERGENCY CONSENT FORM

Child's Name: DOB: (MM/DD/YYYY)
 Address: City: State: Zip:

Mother's Name: <input type="text"/>	Father's Name: <input type="text"/>
Cell Phone: <input type="text"/>	Cell Phone: <input type="text"/>
Work Phone: <input type="text"/>	Work Phone: <input type="text"/>
Home Phone: <input type="text"/>	Home Phone: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

In case of an emergency, and parents cannot be reached, please contact the following:

Name: Relationship:
 Home Phone: Cell Phone:

Child's Doctor: Clinic Name:
 Address: City: State: Zip:
 Allergies: Medications:

Special medical needs or conditions:

Including but not limited to any disabilities or conditions which would limit the child's participation in the center's programs and activities.

IN CASE OF EMERGENCY, I give permission for Peachtree Road Lutheran Preschool to have my child transported to Children's Healthcare of Atlanta (Scottish Rite) Hospital by ambulance should my child suffer a serious accident/illness that would require emergency medical treatment. In addition, after consultation with an emergency contact and/or family physician, any procedure deemed necessary may be performed on my child. I agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release Peachtree Road Lutheran Preschool from all liability. Every effort will be made to contact me and my child's physician.

Signature of Parent or Legal Guardian

Date (MM/DD/YYYY)

**Your typed or hand-written signature and date will be accepted.
 No signature and/or date will be considered an incomplete form.**



Peachtree Road Lutheran Preschool

Photo Waiver

My child,

has

does not have

my permission to be photographed for the preschool website, marketing pieces or other school projects.

Signature of Parent or Legal Guardian

Date (MM/DD/YYYY)

**Your typed or hand-written signature and date will be accepted.
No signature and/or date will be considered an incomplete form.**



Peachtree Road Lutheran Preschool

TUITION & FEES 2019-2020

THE TWO-DAY PROGRAM IS
TUESDAY/THURSDAY

THE THREE-DAY PROGRAM IS
MONDAY/WEDNESDAY/FRIDAY

Infant Cottage, Tadpole & Butterfly

Preschool Program

8:00am - 2:30pm
2 day - \$800/month
3 day - \$1,035/month
5 day - \$1,410/month

Full Day Program

7:30am - 6:00pm
2 day - \$945/month
3 day - \$1,235/month
5 day - \$1,665/month

Sunshine

8:00am - 2:30pm
2 day - \$725/month
3 day - \$955/month
5 day - \$1,325/month

7:30am - 6:00pm
2 day - \$875/month
3 day - \$1,165/month
5 day - \$1,580/month

Seekers

8:00am - 2:30pm
2 day - \$705/month
3 day - \$925/month
5 day - \$1,305/month

7:30am - 6:00pm
2 day - \$860/month
3 day - \$1,145/month
5 day - \$1,565/month

Travelers

8:00am - 2:30pm
2 day - \$675/month
3 day - \$900/month
5 day - \$1,265/month

7:30am - 6:00pm
2 day - \$820/month
3 day - \$1,105/month
5 day - \$1,495/month

Explorers & Adventurers

8:00am - 2:30pm
2 day - \$660/month
3 day - \$895/month
5 day - \$1,240/month

7:30am - 6:00pm
2 day - \$795/month
3 day - \$1,075/month
5 day - \$1,465/month

Voyagers, Discoverers & Trailblazers

8:00am - 2:30pm
2 day - \$645/month
3 day - \$870/month
5 day - \$1,205/month

7:30am - 6:00pm
2 day - \$765/month
3 day - \$1,035/month
5 day - \$1,405/month

Payment is due on the 1st of each month no matter what day of the week that may fall. This includes holidays, Christmas, Spring Break, or weekends. A \$50 late fee will be charged to accounts that are paid late. No exceptions.

Pre-K (age 4 by September 1st)

The Pre-K program is offered Monday through Friday from 8:00 a.m. to 2:30 p.m. Tuition for Pre-K is \$1,045 a month. Aftercare is available for 2, 3, or 5 days per week for an additional \$150, \$175, or \$200 per month respectively.

Kindergarten (age 5 by September 1st)

The Kindergarten program is offered Monday through Friday from 8:00 a.m. to 2:30 p.m. Tuition for Kindergarten is \$975 a month. Aftercare is available for 2, 3, or 5 days per week for an additional \$150, \$175, or \$200 per month respectively.

Healthy Meals

Our meals are made from scratch using the best ingredients available. We are serving up to 80% organic, including fruits, vegetables and dairy. Our meat is either organic/grass-fed or free from hormones and antibiotics.

2 days - \$140/month

3 days - \$160/month

5 days - \$185/month

The Meal Plans are completely optional.

Enrichment Programs

Playball

Amazing Athletes

Stem Velocity (formerly Learning Ridge)

Creative Learning Atlanta (Dance, Ballet, Soccer)

Mandarin Lessons

Gardening

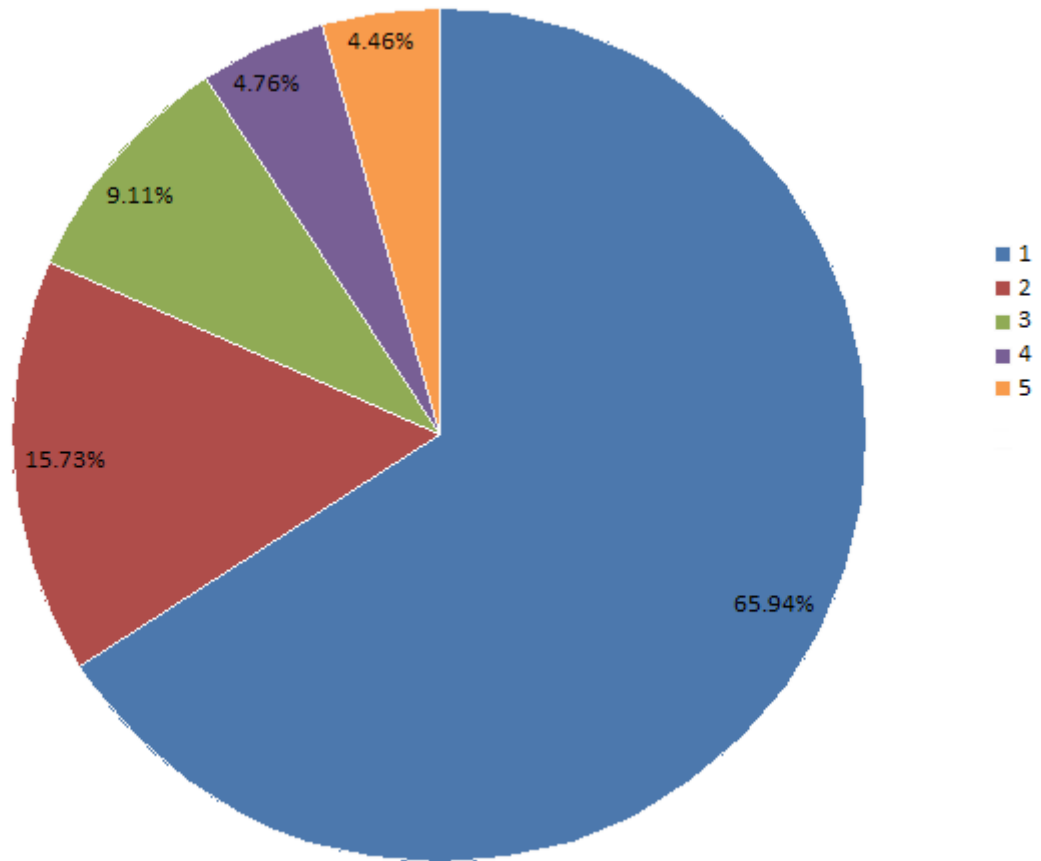
Tumblebus

Additional enrichment programs are available for all ages. Families enroll through respective organizations separately from the preschool. Gardening, Mandarin and Music are included as part of our standard curriculum. The additional enrichment programs are subject to change annually.

Payment is due on the 1st of each month no matter what day of the week that may fall. This includes holidays, Christmas, Spring Break, or weekends. A \$50 late fee will be charged to accounts that are paid late. No exceptions.



Tuition Breakdown 2019 – 2020



Legend

1. Teachers' Salaries and Related Expenses
2. Operation, Maintenance, Improvements, Depreciation, Taxes
3. Food and Related Supplies
4. Instructional Cost (Professional Development, Classroom Materials, Technology Upgrades)
5. Administration (Salary for School Administration, Consultant Fees, and other Office Expense)

SUPPLY LISTS

Kindergarten

Crayola Washable Markers (2)
1 Box Crayons
1 Double pack Watercolor Paint
4 Bottles Elmer's Glue (clear)
15 Glue Sticks
1 Pack #2 pencils
1 Pack Multicolor Glitter Glue
Dry Erase Markers (EXPO) 1 pack thin and 1 pack thick
1 Composition Notebook
1 Pack Colored Pencils
1 Pair Fiscar Child Scissors
10 Prizes for the treasure box (Dollar store, Target, etc)
Large bag of candy for candy jar
1 Box gallon size bags
1 Box quart size bags
1 Pack wipes

PRE-K

Crayola Washable Markers, 2 thick packs & 2 thin packs
Crayons (24 pack)
Watercolor Paint Set
2 bottles Elmer's Glue
10 Glue Sticks
Dry Erase Markers (EXPO) 1 pack thin and 1 pack thick
2 Composition Notebooks
1 Pack Colored Pencils
1 Pair Fiscar Child Scissors
10 Prizes for the treasure box
1 Box of quart size plastic bags (girls)
1 Box of gallon size plastic bags (boys)
2 Packs of colored index cards (3x5), (4x6)
1 Box of #2 pencils

SUPPLY LISTS

Trailblazers/Voyagers/ Discoverers

Crayons (1 Box)
Washable Markers (1Box)
Water color paint set (1)
2 Packs of Glue sticks
Colored pencils (1 Box)
2 Bottles of glue
Blanket for nap
Dry erase markers (1Box)
Do-a-dot markers (1 Box)
Complete Change of clothing including shoes and socks

Explorers/Adventurers

Crayons (1 Box)
Washable Markers (1 Box)
Water color paint set (1)
Glue sticks (3)
Small bottle of glue
Blanket for nap
Complete Change of clothing including shoes and socks
Diapers (if needed)
Wipes (if needed)
Diaper rash cream (if needed)

SUPPLY LISTS

Travelers/Seekers

Crayons (1 Box)
Washable Markers (1 Box)
Water color paint set (1)
Glue sticks (3)
Blanket for nap
Complete Change of clothing including shoes and socks
Sippy cup (if used)
Diapers (if needed)
Wipes (if needed)
Diaper rash cream (if needed)

Sunshine Classroom

Diapers
Wipes
Sippy cup
Blanket for nap
Pacifier (if used)
Diaper rash cream (if needed)
Two complete changes of clothing including socks and shoes

We provide **bibs** and **sleep sacks** for each infant. If you would like your baby to be **swaddled**, please provide a swaddling blanket from home. **Per state regulations, swaddle blankets must include a doctor's note** giving us permission to use them.