



9050 Ford Ave.
P.O. Box 1480
Richmond Hill, GA 31324
912.756.6164 (office phone)
912.756.2190 (church office)

Day School Enrollment Application 2024-2025

(Use blue or black ink only)

Child Information

Child's Full Name: _____ Preferred Name: _____

Mailing Address: _____

Physical 911 Address, if different from mailing address:

Birth date: _____ Gender: _____ Age as of Sept. 1, 2024: _____

Parent/Legal Guardian Information

Father/Guardian Name _____

Mother/Guardian Name _____

Father's Address (if different)

Mother's Address (if different)

Father's Employer

Mother's Employer

Father's Phone #s

Mother's Phone #s

Father's E-Mail

Mother's E-Mail

Emergency Contact Adults Other than Parents/Legal Guardians

Name: _____ Address: _____

Phone #s: _____ Relationship to Child: _____

Permission to pick-up child in case of emergency _____

Name: _____ Address: _____

Phone #s: _____ Relationship to Child: _____

Permission to pick-up child in case of emergency _____

Name: _____ Address: _____

Phone #s: _____ Relationship to Child: _____

Permission to pick-up child in case of emergency _____

Siblings Information

Name

Age

Child Care Experience

Briefly describe past child care experiences in the space provided:

Medical Information

Child's Current Physician: _____ Physician Telephone Number: _____

Insurance Information

Provider _____ Policy Number _____

Please provide the Day School with as much information as necessary in ensuring the proper treatment of your child.

List all allergies:

Briefly describe treatment and care necessary for allergic reactions:

Briefly describe medical, behavioral, or emotional concerns of which the Day School needs to be aware:

MEDICAL EMERGENCY

In the event of a medical emergency or of an accident, we shall contact the parent/guardian and the doctor of the child. If it is impossible to reach either and/or should emergency treatment be required, the child will be taken to the nearest hospital.

Signature of Parent/Guardian

Date

*Please attach additional forms if necessary pertinent to your child's
medical history and/or current care.*

Note: GA Immunization Form 3231 is required for child's enrollment in the Day School, and an EED is required for Pre-K students.



Parental Agreement

I desire to enter my child _____ in the _____ (age group and number of days) program of the Day School for the 2024-2025 school year.

Acceptance and Removal Policies

1. If this application is accepted, I hereby assume responsibility for full payment of charges in advance of or by the first day of each month. Tuition that is in arrears past the 10th of the month will be charged a late fee of \$25.00. If tuition is in arrears longer than this, the child will not be allowed to attend school unless the parent has made arrangements with the Day School Director or the Treasurer. There will be a \$30.00 charge for any returned checks.
2. The child will not be allowed to participate in the end of the year program until all bills are paid in full, nor will any child in the family be able to attend the Day School in subsequent years unless the arrears are satisfied.
3. This application must be accompanied by the non-refundable registration fee of **\$185** to be considered for enrollment.
4. I choose Option 1 (yearly sum) or Option 2 (ten equal installments) as my method of payment choice.
_____(enter Option)
5. The Day School Board of Directors reserves the right to accept or to dismiss any child with physical, mental, or behavioral difficulties who does not fit into the scope of this program or is unable to fit into the groups satisfactorily.
6. I also understand that the school is an exempt church preschool program in operation no more than 4 hours per day and is not licensed or required to be licensed by the state.

I have read, understand, and accept all of the information stated in this agreement.

Signature of Parent/Guardian

Date

Office Use Only:
Registration Fee Received Date: _____

Check #: ____ Cash ____ C.C. ____