

# Trinity Preschool

Physical Address:  
2411 Hwy. 29 North  
Danielsville, GA 30633

Mailing Address:  
P.O. Box 365  
Danielsville, GA 30633

## PARENTAL POLICIES AND PROCEDURES

1. We agree to make sure that our child is in good health every day that he or she attends and will keep him/her at home if the child shows symptoms of a cold or other illness. We will report the date of any known exposure of our child to a contagious illness.
2. We understand that all students enrolled must have a certified medical immunization record on file at the preschool. This form will be mailed to you upon acceptance to the program.
3. In case of accident, if neither parent nor guardian can be reached, we give permission for our child to be taken to the physician named on the application or to a hospital if necessary.
4. We understand that only authorized people we have listed on the application form will be allowed to pick up our child.
5. We will send a snack for our child each day of school.
6. We understand that in order for our child's application to be accepted, we must enclose the registration fee which will help cover the cost of school supplies. The fee is **NON REFUNDABLE** and is due when the registration form is turned in.

## ONE YEAR OLD CLASS

7. We understand the age control date for enrollment is September 1. Your child must be One on that date to be admitted to preschool. They must attend their age level class. No exceptions.
8. We understand that the school hours are from 9:00 AM to 12:00 Noon on Wednesday. Children should not be brought to school prior to 8:55 AM. A \$15.00 fee will be charged for children who are picked up after 12:15. The school year is based on a school month of four weeks. The shorter months, with holidays will be balanced by the longer months. We understand that school will be in session for nine months.
9. We understand that tuition is \$75 per month. **TUITION IS DUE THE FIRST DAY OF EACH MONTH.** Tuition is payable in advance. There will be a \$15.00 late charge on any payment made after the fifth of the month. Checks made after the fifth must include the \$15.00 late fee. We also understand that no refunds will be made for withdrawals or absences during the month.
10. We understand that enrollment of our child is for the full nine months. Withdrawal from the school during the school year will require a withdrawal fee of \$75 and a 30-day notice. Extreme circumstances will be taken into consideration on a case-by-case basis.

## TWO YEAR OLD CLASS

11. We understand the age control date for enrollment is September 1. Your child must be two on that date to be admitted to preschool. They must attend their age level class. No exceptions.
12. We understand that the school hours are from 9:00 AM to 12:00 Noon on Tuesday and Thursday. Children should not be brought to school prior to 8:55 AM. A \$15.00 fee will be charged for children who are picked up late. The school year is based on a school month of four weeks. The shorter months, with holidays will be balanced by the longer months. We understand that school will be in session for nine months.
13. We understand that tuition is \$145 per month. **TUITION IS DUE THE FIRST DAY OF EACH MONTH.** Tuition is payable in advance. There will be a \$15.00 late charge on any payment made after the fifth of the month. Checks made after the fifth must include the \$15.00 late fee. We also understand that no refunds will be made for withdrawals or absences during the month.
14. We understand that enrollment of our child is for the full nine months. Withdrawal from the school during the school year will require a withdrawal fee of \$145 and a 30-day notice. Extreme circumstances will be taken into consideration on a case-by-case basis

## THREE AND FOUR YEAR OLD CLASSES

15. We understand the age control date for enrollment is September 1. Your child must be three or four on that date to be admitted to preschool. They must attend their age level class. No exceptions.
16. We understand that the school hours are from 9:00 AM to 12:00 Noon on Tuesday, Wednesday, and Thursday. Children should not be brought to school prior to 8:55 AM. A \$15.00 fee will be charged for children who are picked up late. The school year is based on a school month of four weeks. The shorter months, with holidays will be balanced by the longer months. We understand that school will be in session for nine months.
17. We understand that enrollment of our child is for the full nine months. Withdrawal from the school during the school year will require a withdrawal fee of \$175 and a 30-day notice. Extreme circumstances will be taken into consideration on a case by case basis.
18. We understand that tuition is \$175 per month. **TUITION IS DUE THE FIRST DAY OF EACH MONTH.** Tuition is payable in advance. There will be a \$15.00 late charge on any payment made after the fifth of the month. Checks made after the fifth must include the \$15.00 late fee. We also understand that no refunds will be made for withdrawals or absences during the month.

**\*We understand that by signing the registration form we are agreeing to and will abide all the parental policies and procedures listed in the above document.**

# Trinity Preschool

## Registration Form

Physical Address:  
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Mailing Address:  
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Danielsville, GA 30633

Child's Full Name: \_\_\_\_\_ Name used at home: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Sept. 1st: \_\_\_\_\_ Sex: \_\_\_\_\_

Guardian(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church you Attend: \_\_\_\_\_ City, State: \_\_\_\_\_

Grandparents/caregivers that are authorized to pick up your child:

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### EMERGENCY INFORMATION:

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_ If so, what: \_\_\_\_\_

Does your child have any medical conditions we need to be aware of? \_\_\_\_\_

Person authorized to act for parents in an emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*If you are registering other siblings for Trinity Preschool, please submit separate applications for each child and return them at the same time. Thank you

\*A \$100 registration fee is required along with registration form. It can be mailed to the above mailing address.

I have read and agree to abide by ALL the "Parental Policies and Procedures" of Trinity Preschool.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Media Release Form

Dear Parents,

There may be special events throughout the year that are of interest to our community. From time to time our local newspapers may feature our preschool in their papers. In order for your child's photograph and/or name to be published, we would like your signed permission.

Trinity Preschool also has a Facebook page. Please indicate below if you give permission for your child's photo and/or name to be included in posts about preschool activities.

Thank you!

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Yes, you have my permission for my child's photograph and/or name to be published in the local paper.

\_\_\_\_\_ No, I prefer that my child's photograph and/or name not be published in the local paper.

\_\_\_\_\_ Yes, you have my permission for my child's photograph and/or name to be published on Facebook.

\_\_\_\_\_ No, I prefer that my child's photograph and/or name not be published on Facebook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Health Form

Physical Address:  
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Mailing Address  
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Danielsville, GA 30633

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Please check all that apply.) Has your child ever had...

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Allergies	___	___	Meningitis	___	___
Asthma	___	___	Mumps	___	___
Chicken Pox	___	___	Pneumonia	___	___
Measles	___	___	Seizures	___	___

If you checked yes to any of the above, please give a little information (dates, severity, etc.) that might be important for us to know.

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Please list any hospitalizations, operations, or other serious illnesses that that your child has had:

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Are you concerned at all with your child's:

Hearing: Yes \_\_\_ No \_\_\_      Speech: Yes \_\_\_ No \_\_\_  
Vision: Yes \_\_\_ No \_\_\_