

# Trinity Preschool

**Physical Address:**

2411 Hwy. 29 North  
Danielsville, GA 30633  
(706) 206-0263

**Mailing Address:**

P.O. Box 365  
Danielsville, GA 30633  
(706) 795-3718

Dear Parents:

We are excited to start another fun year at Trinity Preschool. We are making big plans for our 2020-2021 school year. We look forward to growing the preschool program and helping the children grow in God's love and guidance!

We have enclosed an application form and the parental policy and procedure form with this letter. The application form needs to be filled out and returned along with the non-refundable registration fee to the school as soon as possible. Due to a limited number of spaces for each class, applications will be accepted on a first-come and first-serve basis. Any applications received after the allotted slots have been filled will be returned with the full registration fee. A medical information form and Media Release form is also attached. School will begin on Tuesday, September 1, 2020. Registration deadline is May 31<sup>st</sup>. Late registration will be based on availability.

**One Year Olds****Day: Wed.****Time: 8:15-12:15****Registration Fee: \$125****Monthly Tuition: \$100****-Additional sibling:  
10% off****Two Year Olds****Days: Tues. and Thurs.****Time: 8:15 AM -12:15****Registration Fee: \$125****Monthly Tuition: \$185****-Additional sibling cost:  
10% off****Three and Four Year Olds****Days: Tues.-Thurs.****Time: 8:15 AM-12:15****Registration Fee: \$125****Monthly Tuition: \$225****-Additional sibling cost:  
10% off**

Open House will be on Tuesday, August 25, 2020. Drop in from 4:00 to 6:00 PM in the church basement. We encourage the whole family to join us at this time. This is a time the students and parents can meet their teachers, see their classrooms, meet classmates, and get familiar with the preschool. You will also receive your preschool handbook at this time that contains important information regarding the school year. Registered students will be receiving a letter from your child's teacher in August. If you have any questions concerning the program, please don't hesitate to call us anytime (706-206-0263). We are looking forward to a fun year!

Sincerely,

Trinity Preschool

# Trinity Preschool

## 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 fever or any other illness.
2. We understand that all students enrolled must have an immunization record on file at the preschool.
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 and they will have their ID and the child's security ID tag available to show when picking up.
5. We understand that we will wear our security ID tag when entering the building.
6. We will send a snack for our child each day of school.
7. 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 registration fee is **NON REFUNDABLE** and is due at the time of registration.

## ONE YEAR OLD CLASS

8. We understand the age control date for enrollment is September 1. Your child must be One on that date to be admitted to preschool.
9. We understand that the school hours are from 8:15 AM to 12:15 PM on Wednesdays. A \$15.00 fee will be charged for children who are picked up after 12:30.
10. We understand that tuition is \$100 per month. **TUITION IS DUE ON THE FIRST DAY OF EACH MONTH.** Tuition is payable in advance. Checks made after the tenth must include a \$15.00 late fee.
11. We understand that no refunds will be made for withdrawals or absences during the month.
12. We understand that a 30 day notice is required when withdrawing my child from school.

## **TWO YEAR OLD CLASS**

13. We understand the age control date for enrollment is September 1. Your child must be two on that date to be admitted to preschool.
14. We understand that the school hours are from 8:15 AM to 12:15 PM on Tuesdays and Thursdays. A \$15.00 fee will be charged for children who are picked up after 12:30.
15. We understand that tuition is \$185 per month. **TUITION IS DUE ON THE FIRST DAY OF EACH MONTH.** Tuition is payable in advance. Checks made after the tenth must include a \$15.00 late fee.
16. We understand that no refunds will be made for withdrawals or absences during the month.
17. We understand that a 30 day notice is required when withdrawing my child from school.

## **THREE AND FOUR YEAR OLD CLASSES**

18. 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.
19. We understand that the school hours are from 8:15 AM to 12:15 PM on Tuesdays, Wednesdays and Thursdays. A \$15.00 fee will be charged for children who are picked up after 12:30.
20. We understand that tuition is \$225 per month. **TUITION IS DUE ON THE FIRST DAY OF EACH MONTH.** Tuition is payable in advance. Checks made after the tenth must include a \$15.00 late fee.
21. We understand that no refunds will be made for withdrawals or absences during the month.
22. We understand that a 30 day notice is required when withdrawing my child from school.

**\*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.**

# Registration Form

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

**Mailing Address:**  
P.O. Box 365  
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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

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

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

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

Attending Church: \_\_\_\_\_

## **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 yes, what: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

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

**\*The registration fee is required along with this registration form. 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 the paper. 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:**  
2411 Hwy. 29 North  
Danielsville, GA 30633

**Mailing Address**  
P.O. Box 365  
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.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Are you concerned at all with your child's:

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