



Registration Form 2024-2025

Child's Name: _____ Birthdate: _____ Age on 9/1/24 : _____

Gender: (Circle one) M F

I am registering my child for: ____ 2 days per wk (T & TH) ____ 3 days per wk (T, W, & TH)

3 day option is only available for children ages 2-4 as of September 1, 2024.

I understand this option is for the entire school year.

Parent/Guardian Phone: _____

Address: _____

Preferred Email Address for Communicating: _____

Father's Name: _____ Phone: _____

Employed by: _____

Home Address (if different from child's) _____

Mother's Name: _____ Phone: _____

Employed by: _____

Home Address (If different from child's) _____

Do you have a home church? Y or N If Yes, where? _____

In CASE OF EMERGENCY, Notify: (Besides parents/guardians)

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

In accordance with Georgia Law, your child or children can only be released to one of the designated persons below (besides the parents/guardians already listed above). To release the child to someone other than those listed below, Playschool/Mother's Morning Out must be provided with written notification.

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____

HEALTH INFORMATION:

PEDIATRICIAN: _____ Phone: _____

INSURANCE:

Insurance Company: _____ Policy or Group # _____

Person responsible for payment: _____

1. Are Immunizations up to date?

(Form 3231 - Child Care Immunization Certificate must be submitted prior to the first day of school)

2. Does your child take any regular medication?

If so, please list: _____

3. Does your child have any known allergies?

If so, please list: _____

Past illnesses and diseases. Please check and give dates, if known:

sinusitis _____	ear infection _____	measles _____
bronchitis _____	German measles _____	tuberculosis _____
chicken pox _____	kidney trouble _____	convulsions _____
asthma _____	rheumatic fever _____	heart trouble _____
scarlet fever _____	whooping cough _____	diabetes _____

Operations: _____

Serious accidents: _____

Handicaps: _____

Drug Reactions: _____

Limitations on exercise, play or activities: _____

Please use this space to give any other medical/medication information:

The health history provided to our program is accurate to the best of my knowledge and my child has permission to engage in all activities, except as noted by me or my physician. In the event of an emergency, if I cannot be reached, I hereby authorize a physician or hospital to treat my child.

I understand that no medication will be administered to my child by our employees. I will not hold Crossroads Church of Perry, the leaders, pastor, Director, or employees of our program responsible for any accidents or illnesses.

I am freely admitting my child to this program understanding that he/she will be taught Christian beliefs, values, and morals.

Signature of Parent

Date



(Form 2 of 2)

Crossroads Church of Perry
Playschool & Mother's Morning Out
1600 Main Street, Perry, GA 31069
Phone: 478-987-3721
Registration & Tuition Schedule
2024-2025 School Year

Our program is a community outreach ministry of Crossroads Church of Perry. We provide a service to the community by ensuring parents who enroll their child or children in the program that they will receive excellent care while growing in independence and social development in a Christian environment. The curriculum will include organized and free play, art, music, Bible stories, colors, ABCs and other centers-based activities.

Registration Fee

The Registration Fee for each child is \$50.00. This fee is non-refundable and is due at the time of registration. Enrollment is not completed until the registration fee has been paid and the Registration Form received.

2 Days per week Tuition Fee (open to all ages)

\$145.00/month for the first child attending in a family.
\$125.00/month for each subsequent child in a family.

3 Days per week Tuition Fee (24 months or older by 9/1/24)

\$195.00/month for the first child attending in a family.
\$175.00/month for each subsequent child in a family.

Our program relies solely on registration fees and tuition income for its operating expenses. Tuition at our program must be paid in one of two ways:

1. At the time of enrollment, parents can elect to pay tuition in full by August 10, 2024.
2. At the time of enrollment, parents may choose to make monthly payments. The tuition will be paid in ten monthly installments - from August to May. Tuition is due by the second school day of each month beginning August 2024.

Because our operating expenses continue whether or not your child is present, payment is due even if your child is sick or out of town, etc.

Late Fee

Tuition is considered "Late" if not **received** by the second school day of the month due and will incur an additional \$20.00 late fee.

Any request for special consideration must be made to the Director, who will consider the request with the program's governing body (the Playschool Council).

School Calendar

The 2024-2025 school year will run August 6, 2024 - May 15, 2025. Throughout the school year our program will follow the same holiday schedule as the Houston County School System. In the event of inclement weather, we will follow the decision of the Houston County School System.

I hereby acknowledge that I have read and agree to abide by the policies set forth in the **Playschool & MMO Registration & Tuition Schedule and the Playschool Handbook**.

Parent's Signature

Date

Child's Name

Reg Fee _____ Aug Tuition _____ Check # _____ Cash _____