



Three's Registration Form 2011-2012
School Hours: 9:30 a.m.-1:30 p.m.
Phone: 770-446-9559

<u>Monthly Tuition:</u>
5 Days - \$360.00 4 Days - \$310.00 3 Days - \$260.00

<u>Classes Offered:</u>
M-F _____ M-Th _____ T/W/Th _____

<u>Office Use Only:</u>
Ck #: _____ Date: _____ Amount: _____ Class: _____

Registration Fee: \$100 Supply Fee: \$50.00
Both due at Registration

Child's Last Name: _____ First Name: _____

Street: _____ Home Phone: _____

City: _____ Sex: _____
M F

State: _____ Zip: _____

Birthdate: _____ Age as of Sept. 1, 2011: _____
Month Day Year

Please check: Yes ___ or No ___ for permission to include address, home phone & e-mail in school directory.
Please check: Yes ___ or No ___ for permission to use photos of your child for advertisement purposes.

Mother's Name: _____ Occupation: _____

Cell #: _____ Wk #: _____

Father's Name: _____ Occupation: _____

Cell #: _____ Wk #: _____

Home E-Mail Address: _____
(Please Print Clearly)

May both parents be contacted in an emergency? Yes ___ No ___
May either parent pick up child? Yes ___ No ___

Are you a member of Norcross First Baptist Church? Yes ___ No ___
If no, do you have a church membership or affiliation? _____

Number of children in your family: _____

Name: _____ Age _____ Sex _____ (M/F)

Name: _____ Age _____ Sex _____ (M/F)

Name: _____ Age _____ Sex _____ (M/F)

Child's Physician: _____ Phone: _____

Please provide a health form #3231 with your child's immunization record from your child's doctor.
This is a state law and this form must be on file.

Please list any allergies or disabilities your child has:

Allergies: _____ Disabilities: _____

Developmental Delays: _____

Emergency Phone List: Please list persons to contact other than parents if child becomes ill or in case of an emergency. We will always try to contact parents first.

1. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

3. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

Name of person who will usually pick up your child? _____

TUITION AGREEMENT:

For the ten months of the school year, August through May, I agree to pay a monthly tuition of \$_____ by the 5th of each month or a **20% late fee** will be added. Tuition payments more than 2 months past due may constitute dismissal. In addition, I understand that all registration fees, tuition payments and supply fees are NON-Refundable and CANNOT be transferred to another student. **Also NO REFUNDS will be given for short or long absence of students. This includes holidays, snow days, or any emergencies**

Parent/Legal Guardian's Signature: _____ Date: _____

EMERGENCY TRANSPORTATION / TREATMENT APPROVAL:

In the event I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the church, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named herein.

Parent/Legal Guardian's Signature: _____ Date: _____