

Complete both sides

APC DAYSCHOOL  
REGISTRATION FORM 2016-2017

Complete both sides

\*Child's Name \_\_\_\_\_ (\_\_\_\_\_)  
Last First Middle Prefers to be called

\*Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Parent Cell #: \_\_\_\_\_  
State Zip Parent Cell #: \_\_\_\_\_

\*Subdivision Name \_\_\_\_\_ Email address \_\_\_\_\_

\*DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Sex: M \_\_\_\_ Fe \_\_\_\_  
City State

\*Parent's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

\*Business Address: \_\_\_\_\_ Phone \_\_\_\_\_

\*Parent's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

\*Business Address: \_\_\_\_\_ Phone \_\_\_\_\_

\*Brothers and Sisters Living at Home: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

\*Name of Persons (including spouse) with permission to pick up your child:

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\*Physician: \_\_\_\_\_ Hospital preferred \_\_\_\_\_  
Name Phone

\*Does your child have any special fears, problems, allergies, medical conditions or medication?

**\*Please refer to the medication policy in the parent handbook**

\*Are you a member of Alpharetta Presbyterian Church? Yes No



Class choice: Please list first, second, third & fourth choice (where applicable)

**PARENT'S MORNING OUT**

*Beginning Buds* 18 months

Tuesday/Thursday \_\_\_\_\_

*Little Sprouts* 24 months

Tuesday/Thursday \_\_\_\_\_

Tuesday/Thursday/Friday \_\_\_\_\_

**PRESCHOOL**

*PK 3* 3 years – 4 years

Tuesday/Thursday/Friday \_\_\_\_\_

Monday – Thursday \_\_\_\_\_

*PK 4* 4 years – 5 years

Monday – Thursday \_\_\_\_\_

Monday – Friday \_\_\_\_\_

\*\*\*\*\*

If you have more than one child in our program, the first child pays full tuition, any additional children receive a 10% discount.

\*\*\*\*\*

**Registration fees: \$150.00 for the first child and \$75.00 for each additional child. Non-refundable.**

*\*No activity fees.*

Tuition:

1 child	\$191.00	\$250.00	\$332.00	\$383.00
	2 days	3 days	4 days	5 days

**IMPORTANT NOTES:**

\*Registration fees are due at registration and are **non-refundable and non-transferable.**

**\*One month's tuition (applied to May 2017) is due at registration and is non-refundable and non-transferable. If you register after the school year begins, your first month and last month tuition plus the registration fee is due at registration and is non-refundable and non-transferable. Failure to submit payment will forfeit your place in our program.**

\*Monthly tuition is due on the 1<sup>st</sup> of the month and cannot be refunded for illness, temporary absences or holidays.

\*Our program attempts to meet the needs of each child; however, we do reserve the right to withdraw any child if we feel that his or her needs cannot be met.

\*Currently enrolled students and Alpharetta Presbyterian Church members are given first priority on the waiting lists.

\*Each child must have a current immunization record (Form 3231) on file to begin our program.

\*All PMO children must be walking.

\*All Preschool children must be potty trained.

\*All children are placed in classes by the child's age on Sept. 1<sup>st</sup>. Example: your child must be 3 years old on or before Sept. 1<sup>st</sup> to be in a 3 year old class. Your child must be 2 years old on or before Sept. 1<sup>st</sup> to begin PMO. **Parent requests for specific teachers or groups of children are not accepted.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

