



Alpharetta Presbyterian Dayschool

180 Academy Street - Alpharetta, Georgia 30009
(770) 751-3862

www.alpharettapres.com/dayschool



APC DAYSCHOOL HANDBOOK AGREEMENT FORM

After you have read the APC Dayschool Handbook online, please sign, date and return this form to the Dayschool office.

I certify that I have read, understand, and agree to comply with the guidelines set forth in the APC Dayschool Handbook (Rev 1/17).

www.alpharettapres.com/dayschool

Signature of parent or guardian

Date

Child's name

Teacher



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Child's Name _____ Teacher _____

I _____, (name) give permission for the following:
(please place a check by each item to which permission is given)

_____ To include my name, address, e-mail address and phone number on a class roster to be distributed to my child's class.

_____ To include my e-mail address on the APC Parent Organization distribution list. The Parent Organization will provide only information regarding school related activities.

_____ To photograph my child while participating in APC Dayschool activities and to share those photos on school related social media, school website and printed material.

**While sharing photos, the names of children will not be used.

**Any photos taken by APC staff during APC activities shall remain the sole property of APC Dayschool, and I hereby release APC Dayschool from all claims and liability arising from or related to such use.

_____ My child may not be photographed.

Signature _____ Date _____

I understand this program has a bright from the start state license exemption.



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RULES OF THE ROAD

1. Please observe the speed limit of 10 mph on the property. Children are crossing the parking lots.
2. Please do not park in permanent handicapped spaces at any time.
3. Do not park in the lined spaces next to handicapped spaces at any time.
4. Please refrain from using cell phones until you are clear of APC property, for the safety of our students.
5. Please be considerate of the carpool line when passing the back side of the property.
6. Do not attempt to exit the carpool line until your child has been safely removed and all cars in front of you have left the area.
7. Please be aware of your surroundings and do not leave young children or valuables in your car at any time.
8. For the safety of your children, do not move forward in the carpool line with your car or van doors open.
9. For the safety of our staff doing carpool and children on the sidewalk, please do not allow your children to sit in your lap to steer the car.

NO PARKING IS ALLOWED in the spaces designated with a PAINTED blue HANDICAP symbol by anyone without a handicap decal. Dayschool parents and church members who have a legitimate need for those spaces are often unable to use them. This does not apply to spaces with signs for "Sundays Only" located on either side of the blue painted spaces.

These guidelines were established for the safety of our school community. By signing the handbook and signing the bottom of this form, you are agreeing to abide by said guidelines. Persistent violations will result in fines.

RULES OF THE ROAD

Signature of Parent or Guardian

Child's name

Date

Teacher



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Emergency Treatment Consent

Name of child: _____

IF PARENTS CANNOT BE REACHED

1st Emergency Contact: _____ Relationship: _____

Phone: _____ (h) _____ (cell)

2nd Emergency Contact: _____ Relationship: _____

Phone: _____ (h) _____ (cell)

Child's Physician: _____

Physician location/telephone: _____

Health Insurance Provider: _____

Health Insurance Plan Number: _____

Group Number: _____

I, the undersigned, do hereby authorize representatives of the Alpharetta Presbyterian Dayschool to contact directly the persons named on this form, and do authorize such treatment as may be necessary in an emergency, for the health of said child.

In the event parents cannot be contacted, the school representatives are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.

I hereby promise and agree to hold Alpharetta Presbyterian Church/Dayschool free and harmless of and from all claims and suits brought by or on behalf of said child for or on account of emergency care and/or transportation of said child.

Signature of Parent/Guardian: _____

Date: _____



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2017-2018 tuition payment schedule

Parents,

Annual tuition is divided into 9 monthly payments and is due according to the following schedule:

- The 1st tuition payment is due at registration and is applied to May 2018
- The 2nd tuition payment is due **May 1, 2017** and is applied to **September 2017**

The remaining 7 tuition payments are due:

- September 1st for October tuition
- October 1st for November tuition
- November 1st for December tuition
- December 1st for January tuition
- January 1st for February tuition
- February 1st for March tuition
- March 1st for April tuition

Tuition payments are due the 1st of each month regardless of when that day may fall.

If you apply after the school year begins, your registration fee, your 1st month tuition and your last month's tuition, are due at registration. We will arrange a payment schedule to align payments with the tuition schedule.

All payments are non-refundable. Failure to make a payment will forfeit your place in our program.

For accurate and prompt credit to your account, we encourage you to use your financial institution's bill payment system. If you choose to pay by check, you can mail it to the dayschool office or drop it in the tuition box in the lobby. Please do not send tuition payments in your child's book bag.

Please sign, indicating your agreement to abide by the above fee schedule and policies.

Parent Name (please print)_____

Child Name (please print)_____

Parent Signature_____Date_____