



Green Acres Preschool
 2085 Barnett Shoals Road
 Athens, GA 30605
 (706)549-1925 Fax: (706)543-5166
 Website: www.greenacreschurch.com

2017-2018 School Year Registration Form

Child's Name: _____ Birthday: _____
 (Last) (First) (Middle) Mo. Day Yr.

Name Child is called: _____ SEX: _____ AGE: _____

Address: _____ HOME PHONE: _____
 (STREET) (CITY) (ZIP)

E-mail address: _____ Allergies: _____

Church affiliation: _____ Church attending: _____

Please select one of the following classes (or order preferences):

- | | | |
|-----------------------------------|---------------------|---|
| _____ 1 yr. old | Mon./Wed./Fri. | \$200.00/Month |
| _____ 1 yr. old | Tues./Thurs. | \$165.00/Month** |
| _____ 2 yr. old | Mon./Wed./Fri. | \$195.00/Month |
| _____ 2 yr. old | Tues./Thurs. | \$160.00/Month |
| _____ 3 yr. old | Mon./Wed./Fri.. | \$195.00/Month |
| _____ 3 yr. old | Tues./Thurs. | \$160.00/Month** |
| _____ 3 yr. old | Monday-Friday | \$250.00/Month |
| _____ 4 yr. old (Pre-K) | Monday-Friday | \$250.00/Month |
| _____ 4 yr. old (Pre-K) | Monday-Thursday | \$225.00/Month |
| _____ Optional Pre-K Extended Day | 12 noon-2pm Mon-Wed | \$100.00/Month (In addition to regular tuition) |

**This class will be offered if there are enough students to create a class.

Are you registering at other schools? _____ *For informational purposes only; this helps determine length of waiting list.
 Will you be withdrawing mid-year? _____ If so, anticipated date of withdrawal or Visa expiration date: _____

Mother's Name: _____ Occupation: _____ Cell: _____
 Father's Name: _____ Occupation: _____ Cell: _____

Contact person to call who would assume responsibility for your child in an emergency if the school is unable to contact parents (these are also authorized pick-ups):

<u>Name:</u>	<u>Relation:</u>	<u>Phone:</u>
1. _____	_____	_____
2. _____	_____	_____

Child's Heath Record

Child's Doctor: _____ Phone: _____
 Address: _____
 Hospital Preference: _____

All students must provide an updated immunization record signed by a physician. We must also have a copy of your child's birth certificate, if one is not already on file.

 PARENT'S SIGNATURE

Registration amount paid: _____ Check # _____ or Online Payment Confirm. # _____