



PRESCHOOL REGISTRATION FORM
2023-2024
1525 Scenic Highway, Snellville, Georgia 30078
Office: 770-972-5014 Fax: 770-972-7310
Please print clearly

Child's Name _____ Birthdate _____

What name does your child go by? _____ Gender: Male _____ Female _____

T-Shirt Size: 2T _____ 3T _____ 4T _____ 5/6 _____ Youth Small _____ Youth Medium _____

Does your child have any allergies? Yes/No	Does the allergy require an epipen? Yes/No
List Allergies _____	_____
Other Dietary Restrictions: _____	_____

Address _____
City _____ State _____ Zip _____ Home Phone # _____

Father's Name _____ Dad's Cell # _____
Dad's Work # _____ Occupation _____
Dad's Email _____

Mother's Name _____ Mom's Cell # _____
Mom's Work # _____ Occupation _____
Mom's Email _____

Does child live with both parents? Yes/No If no, list with whom the child lives and describe custody agreement regarding either parent visiting classes or taking the child from school:

Did your child attend a school last year? Yes _____ No _____
If yes, where? _____

Names and ages of other children in your home: _____

Any evidence of hearing loss, vision difficulties, speech delays or developmental delays?
Yes _____ No _____ If yes, please explain _____

Does your child receive any resource services or intervention including physical, occupational or speech therapy? Yes _____ No _____ If yes, please explain _____

What primary language does your child speak? English? _____ Spanish _____ Other _____
If other, what is the primary language spoken in the home? _____

In what ways do you expect our program to help your child?

Is there anything about your child or family/home situation you feel we need to know, so we may better meet the needs of your child? _____

Does your family attend church regularly: Yes/No Name of Church _____

Class Registering For:

Ones
 Tu/Th 1s _____ M/W 1/2s _____

Twos
 Tu/Th 2s _____ M/W/F 2s _____
 4 Day 2s _____

Threes
 M/Tu/Th 3s _____ M/W/F 3s _____
 4 Day 3s _____ 5 Day 3s _____

Fours
 4 Day 4s _____ 5 Day 4s _____
 5 Day 4/5s Transition _____

**** Classes offered may be adjusted based on enrollment.**

2023-2024 Classes Offered & Fees

	<i>Reg. Fee</i>	<i>Monthly Payment</i>	<i>Yearly Tuition*</i>
<i>One Year Olds</i>			
2 Days (T/Th or M/W)	\$205	\$185	\$1665
<i>Two Year Olds</i>			
2 Days T/Th	\$205	\$185	\$1665
3 Days M/W/F	\$225	\$205	\$1845
4 Days M-Th	\$255	\$235	\$2115
<i>Three Year Olds</i>			
3 Days M/T/Th	\$245	\$205	\$1845
3 Days M/W/F	\$245	\$205	\$1845
4 Days T-F	\$275	\$235	\$2115
5 Days M-F	\$295	\$255	\$2295
<i>Four Year Olds</i>			
4 Days M-Th	\$275	\$235	\$2115
5 Days M-F	\$295	\$255	\$2295
<i>Four/Five Year Old Transition Class</i>			
5 Days M-F	\$300	\$260	\$2340

A \$20 discount will be given for 2nd, & 3rd children in our program on **registration only**.

* Annual tuition is divided into equal monthly payments regardless of days attended each month.

I am enclosing the required registration fee of \$_____. ***I understand the registration fee is non-refundable and is not applied to tuition.*** I agree to pay the monthly tuition payment of \$_____ by the tenth of each month (nine equal payments-August through April) and an additional \$25.00 if paid after the tenth of the month. ***I understand the August tuition payment confirms and guarantees my child's registration for the beginning of school. Without receipt of this payment, the Weekday Preschool & Kindergarten has the right to relinquish my child's spot to another applicant.*** I understand that if I must withdraw my child from the program, one month's notice is required, and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends. I understand if I am late picking up my child, I will be charged a late fee. I understand if my check is returned from the bank, I will be responsible for paying bank charges as well as a \$25.00 fee. If a second check is returned, all future payments must be made in cash, money order or credit card. I also understand that nonpayment of tuition for 30 days past due the scheduled due date, will result in the relinquishment of my child's placement at MZP. Tuition must be paid in full for the school year in order to participate in end of the year programs. **Mount Zion Preschool & Kindergarten closely follows the Gwinnett County Public School calendar and does not makeup days due to inclement weather and is also closed on Good Friday. Mount Zion Preschool & Kindergarten start date for the 2023-2024 school year is August 28, 2023 and the last day of school will be May 17, 2024.** In addition to checks, cash, and money orders, MZP & K offers online payments for credit cards. Processing fees for the credit card programs apply. If the processing fee does not automatically add to your account, Mount Zion Preschool & Kindergarten will bill the processing fee to offset costs assumed with processing electronic payments.

 Parent's Signature

 Date

Email address invoice should be sent to: _____

Three and four year-old potty agreement

I understand it is the policy of Mount Zion Weekday Preschool that all children in three and four year-old classes must be potty-trained to enroll and/or continue in the program.

_____ Parent's Signature

_____ Date

Three and four year-old mask/face shield agreement

I understand that students are not required to wear a mask or face shield to school. Our teachers and staff will work with your student to wear his/her mask or face shield properly and as requested.

Yes/ No My child will wear a mask or face shield to school.

If yes, please complete the following:

Yes/ No I would like my child to be remove his/her mask or face shield for pictures (individual and class).

Yes/No I would like my child to remove his/her mask or face shield when playing outside on the playground.

PARENT AGREEMENT

1. Yes/No I agree to read the Parent Handbook and abide by all of the policies set forth by Mount Zion Weekday Preschool. (To access the parent handbook, go to www.mzweekday.com. The handbook is located in the Parent Portal and is password protected. The parent portal password can be obtained by contacting the Weekday Preschool office.)
2. Yes/No I give permission for my child's individual photo, classroom photos, and school activity photos to be used for school display and for keepsakes and mementos.
3. Yes/No I give permission for my child's individual/small group photos to be posted to the Mount Zion Facebook page, Instagram page, and/or website for parent viewing. This includes closed class group pages for parent viewing.
4. Yes/No Fall/Spring School Photos: I agree for my child's photo to be posted to a private school wide gallery for viewing photo proofs. (If you do not check yes, your child's photo will not be taken for fall or spring pictures.)
5. Yes/No I give permission for my child's name, address, telephone number and family email address to be distributed to other parents in my child's class and given to room moms to coordinate class parties.

Initial Below:

_____ I understand that Mount Zion Preschool & Kindergarten will post large group photos from programs and events to the Mount Zion Facebook page, Instagram page, and/or website.

Parent's Signature _____ Date _____

Child's Name _____

EMERGENCY INFORMATION

Please list below two responsible adults who we may contact if we are unable to contact parents.

This is vital information, please write legibly.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Doctor _____ Phone _____

List and explain any medical problems (Example: food/environmental allergies, asthma, etc.)

List any medications your child takes on a regular basis _____

Hospital Preference (if able to request) _____

List any people that have permission to pick up your student in your absence:

In the event of an emergency Mount Zion Baptist Church, Weekday Preschool employees and/or agents will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for Mount Zion Baptist Church, Weekday Preschool employees and/or agents to obtain emergency medical attention in case of sickness or injury to my child, _____ . I hereby grant permission to said church, preschool employees and/or agents to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. In consideration for you allowing my child to participate in the Mount Zion Weekday Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them.

Parent's Signature _____ Date _____

I understand that Mount Zion is a private, non-profit program, is not licensed and is not required to be licensed by Bright from the Start/Georgia Department of Early Care and Learning.

Parent's Signature _____ Date _____

----- **DO NOT WRITE BELOW THIS LINE** -----

Date Registration form received: _____ Entrance date: _____

Registration fee received: \$ _____ Cash _____ Check# _____ Card _____

Withdrawal date: _____

Number of days attending: _____ Age _____ Days of week attending: _____

Siblings attending: Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

Wait List Class (if applicable) _____
Date _____ Time _____

Signed Covid Waiver Complete _____ Emergency Card Complete _____