

This Page is for Office Use Only.

Child's Name: _____

Date enrollment form received: _____

Entrance date: _____

Enrollment fee received: \$ _____ Cash \$ _____ Check # _____

Activity fee received: \$ _____ Cash \$ _____ Check # _____

1st month tuition received: \$ _____ Cash \$ _____ Check # _____

Withdrawal date: _____

Number of days attending: 2 3 4 5 Class (Age): _____

Days of Week Attending: M TU W TH F

Siblings attending:

Name: _____ Age: _____ Class: _____

Name: _____ Age: _____ Class: _____

Please return this form and the applicable enrollment fee to:

SUMMIT CHURCH PRESCHOOL
3080 Highway 81 South
Loganville, Georgia 30052

If you have any questions, please call the preschool office at 770-466-6133.

2025-2026 Tuition Rates & Fees

Enrollment Fee ~ \$175 (\$125 prior to May 1st) (Family \$275)

Activity Fee (one-time fee): Toddlers (\$50), 2's (\$65), 3's (\$75), 4's (\$150), Kindergarten (\$225)

Tuition:

Toddlers (2 days) ~ \$200/month

2's (3 day) ~ \$230/month

2's (5 day) ~ \$285/month

3's (3 day) ~ \$230/month

3's (5 day) ~ \$285/month

4's (5 day) ~ \$285/month

Kindergarten (5 Day) ~ \$325/month

*Office: If parents pay fees by check,
attach a copy of the check here!*

Summit Church Preschool Enrollment Form

Child's Name: _____ Birth Date: _____
What name does your child go by: _____ Gender: Male _____ Female _____
Address: _____
Street City Zip Code

Father's Information

Name _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Occupation: _____
Email Address: _____
Does your child live with both parents? _____ If no, list with whom the child lives and if both parents have custody rights. _____

Mother's Information

Name _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Occupation: _____
Email Address: _____
Does your child live with both parents? _____ If no, list with whom the child lives and if both parents have custody rights. _____

Name of church your child (family) attends? Are you members? _____
Yes/No

Name of preschool your child attended last year? _____

Did anyone refer you to our program? _____

Emergency Contact Information

List two people other than the child's parents whom we may contact in case of an emergency.

Name: _____ Relationship to child: _____

Phone Number: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Phone Number: _____

Child's Doctor: _____

Phone Number: _____

List any medical problems (allergies, asthma, etc.)

List any medications your child takes on a regular basis:

Names and ages of other children in your home:

Any evidence of hearing loss or difficulties? _____

Any evidence of vision loss or difficulties? _____

Any evidence of speech delays? _____

Any evidence of developmental delays? _____

Is your child enrolled in any other program (speech therapy, physical therapy, etc.?)

_____ If yes, explain: _____

Yes/No

Does your child speak English? _____ Yes/No

What is the primary language spoken in your home if not English? _____

In this section, please explain in what ways you expect our program to benefit your child.

In this section, please explain if there is anything about your child, family or home situation you feel we should know so we may better meet the needs of your child?

I wish to enroll my child, _____, in the following class:

(circle the class and which days your child will attend)

Toddlers	Wednesday & Friday	(2 days)
2 Year Olds	M/W/F or Mon.-Fri.	(3 or 5 days)
3 Year Olds	M/W/F or Mon.-Fri.	(3 or 5 days)
4 Year Olds	Monday through Friday	(5 days)
Kindergarten	Monday through Friday	(5 days)

I am enclosing the required enrollment fee of \$_____.

I understand the enrollment fee is non-refundable and is NOT applied to tuition.

I understand that tuition is due on the first of each month. I agree to pay the prorated monthly tuition of \$_____ by the 5th of each month (nine payments - September through May) and an additional \$10 late fee if I pay after the 5th of the month (late notices will be sent home with your child).

I understand the enrollment fee confirms and guarantees my child's enrollment for the beginning of the school year. Without receipt of this payment, the Weekday Preschool program has the right to relinquish my child's spot to another applicant.

I understand that the availability of all classes is dependent upon sufficient enrollment.

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 that if I am late picking up my child, I will be charged a late fee of \$1.00 per minute for each minute after 1:10 pm.

I understand if my check is returned, I will be charged a \$30.00 fee. If a second check is returned, all future payments must be made in cash or by money order.

Parent's Signature: _____ Date: _____

In case of an emergency or accident on the school/church grounds or during any school activity involving my child, _____, which in the opinion of preschool/church staff present requires immediate attention, I hereby grant permission to said preschool/church staff to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. I also grant permission to said physicians to treat said condition unless I am present and request otherwise.

Parent's Signature: _____ Date: _____

THIS SECTION IS FOR 4 YEAR OLD AND KINDERGARTEN CLASSES:

I, _____, give permission for my child, _____, to participate in any planned field trips that will be taken this year.

Parent's Signature: _____ Date: _____

THIS SECTION IS FOR 3 and 4 YEAR OLD CLASSES:

I understand that it is the policy of Summit Baptist Church Weekday Preschool that all students enrolled in the 3 and 4 year old program must be potty trained prior to enrolling in the program.

Parent's Signature: _____ Date: _____

Discipline Policy & Procedure



Discipline problems will be handled in the following manner:

1. Verbal warning
2. Redirection - the child will be moved to another activity.
3. Time-out - the teacher will use time-out for the appropriate amount of time, then talk to the child about his/her feelings and actions. The parent will receive a note or phone call from the teacher and it will be noted in the child's file.
4. If there are repeated offenses or a major incident such as hitting, biting, spitting, inappropriate language, or a temper tantrum that can not be controlled, your child will be sent to the director's office. The director will call the parent and an incident report must be signed by the parent.
5. The second time the child is sent to the office, the parent will receive a call from the director to discuss appropriate action or to come and pick the child up early. The parent will be given another incident report to sign.
6. The third time the child is sent to the office, a conference will be set up between the teacher, the director, and the parent to discuss appropriate action or dismissal.

***These steps will be taken to maintain the integrity of the school and to protect the interest of all students and teachers. At no time will corporal punishment be used at Summit. I understand and agree to the discipline policy and procedures at Summit Baptist Church Weekday Preschool.

Parent Signature

Date

Promotional Release Form

Weekday Preschool

Summit Baptist Church, Loganville, Georgia



I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child, _____,
(child's name)

may appear by the Weekday Preschool Ministry of The Summit Church, Loganville, Georgia. I understand that these materials may be used for promotion of the ministry of the Weekday Preschool, which includes recruitment.

I release the Weekday Preschool Ministry of The Summit Church, Loganville, Georgia from any liability connected with the use of my child's picture or voice recording as part of any promotional or recruitment program.

Parent's Signature _____ Date: _____

OPTION: Summit Church Weekday Preschool Ministry does NOT have my consent to the above.

Parent's Signature _____ Date: _____

Statement of Waiver of Liability and Assumption of Risk
Related to:
Coronavirus (COVID-19)
Influenza (H1N1)
Rhinovirus (Common Cold)



By continuing with and submitting this form, you agree to the following:

COVID-19, Influenza and Rhinovirus are highly contagious and is known to spread mainly from person to person contact. By attending Summit Church Weekday Preschool, you agree to abide by the procedures established by the preschool and church to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by COVID-19, Influenza or Rhinovirus. You agree to assume all the risks of attendance and participation for you and your family, and you waive any liability against the preschool/church and any other parties. You also understand and agree that your child's tuition is due on the 1st of each month and no reimbursements will be given due to your child being absent from preschool any part of the month due to illness or quarantine.

Child's Name: _____

Parent Signature: _____

Date: _____



**After reading the
Parent Handbook,
please tear off the
bottom portion of
the last page,
sign and return.**