North Campus ☐
South Campus ☐

New Hope Kindergarten
2025-2026 Registration

*****Please attach copies of Immunization Form #3231 and current insurance card*****

For office use only:
*Non-refundable registration fee:_____Check #:_____Date:_____received by:_____
*Immunization Form #3231:_____
*Insurance copy:_____

Name: _____Date of birth: _____

5 days: Monday-Friday (Reg. Fee=$285; curriculum fee=$50.00; monthly tuition=$285)

Address_____

City_____ Zip_____ Home Phone_____

Father's Name_____Work #_____Cell #_____

Mother's Name_____Work #_____Cell #_____

Does child live with parents? _____If not, with whom? _____

Others who have permission to pick up child (besides mother and father):

Name_____Phone_____Driver's Lic. #_____

Name_____Phone_____Driver's Lic. #_____

Other children in family:

Name_____Age_____

Name_____Age_____

Name_____Age_____

Church member?_____If so, where?_____

Email Address:

_____

Medical History:

Food/Drug/other allergies:_____

_____

Current medication(s):_____

Special diet: _____

Childhood diseases: Chicken Pox_____ Measles_____ Mumps_____ Whooping Cough_____ Other_____

Family Physician_____Phone #_____

Family Dentist_____Phone #_____

Insurance Company_____Policy #_____

Please initial ALL and sign below:

_____ I hereby authorize New Hope Baptist Church to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be contacted.

_____ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

_____ I understand that New Hope Weekday Program is NOT licensed and is not required to be licensed by the state.

_____

_____ I understand tuition is an annual figure that is divided into 9 equal payments. Tuition is due at the beginning of each month starting with the September payment (due by the first day of school) and ending with the final payment in May. Payment is due on the first school day of the month. **A $25.00 late charge is assessed for payments received after the 10th of the month. Every week thereafter an additional $25.00 late fee will be assessed.**

_____ If at any time during the school year you need to withdraw your child from our program, ***a one-month paid notice is required.*** ALL overdue payments must be paid in full to be registered for the following year.

_____ I give permission to photograph my child and use for scrapbooks, website, and/or social medial.

_____ By enrolling my child at New Hope Weekday, I assume all risks related to exposure to COVID-19.

Parent/Guardian signature Date

The above named participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include either or both natural or adopted parents or any legal guardian. The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consent to the participation of participant in the above referenced activity conducted under the sponsorship of New Hope Baptist Church, Fayette County, Georgia, an unincorporated association; its agents, servants, and members. In making such consent, participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission by New Hope Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate New Hope Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise accrue against New Hope Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.

Participant and custodian hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, and/or release provisions hereof shall remain in full force and effect until written notice or revocation or withdrawal is received by New Hope Baptist Church at its office at 551 New Hope Road, Fayetteville, Georgia 30214. 770-461-4337