



Jesus said, "Let the little children come to me." Matthew 19:14

770-627-5562

3988 Highway 5
Douglasville, GA 30135

poplcprek@gmail.com

2018-2019 ENROLLMENT

Jesus Loves me....and so do my friends at Prince of Peace

Striving to be a school of excellence for the Glory of God, bringing His message to all people.

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2018-2019 Student Enrollment Forms

SECTION 1) STUDENT FAMILY INFORMATION

Name of Child/Student Enrolling

First Name	Middle Name	Last Name	Date of Birth	M /F

Name which you prefer your child to be called

Child's Physical Address:

City State Zip code

Mailing address, if different

Child's legal guardian: both parents Mother Father Other* ()

Student's living arrangements: both parents Mother Father Other* ()

***IF LEGAL GUARDIAN IS SOMEONE OTHER THAN PARENT, PLEASE PROVIDE A COPY OF CUSTODY PAPERS**

Parent/Guardian #1*

Full Name

Residential Address, (if different from student's)

Place of employment

Employer's full address (incl. zip)

Relationship to Student

Cell phone Work phone Home phone

Email Address

Which is the best method to reach this contact during school hours? Cell, Home, Work, Email

Release Authorization: Is this contact Authorized to pick-up the child? Yes No Parent Initials

Parent/Guardian #2*

Full Name

Residential Address, (if different from student's)

Place of employment

Employer's full address (incl. zip)

Relationship to Student

Cell phone Work phone Home phone

Email Address

Which is the best method to reach this contact during school hours? Cell, Home, Work, Email

Release Authorization: Is this contact Authorized to pick-up the child? Yes No Parent Initials

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Please list the names of all other children in student's household:

Name	Age	Grade (if appl)	
Name	Age	Grade (if appl)	
Name	Age	Grade (if appl)	
Name	Age	Grade (if appl)	

I became aware of Prince of Peace by: Friend Referral, Publication, Driving By, Other

Name of public or private school child last/currently attends, if any:

Do you have a special interest or hobby you would like to share with our children?

Name of the Church your family attends Child's baptismal date

MEDIA / PHOTO CONSENT

I hereby consent to the use of any photographs/videos taken of my child by Prince of Peace or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Prince of Peace in newspapers, newsletters, websites, television, radio, electronic media and other communications and advertising methods. On occasion, a representative of the news media may be invited to our school and church to cover a special event. When this happens, there is a possibility your child/children may be photographed, videotaped or interviewed for a news story. By law, Prince of Peace protects the privacy of the students and is prohibited from releasing students' personal information. We will never use or release your **child's name** for any reason listed above. I understand that this consent form is valid for five years from the date of signing. The consent will automatically expire after this time.

Signature of Consent Date

ENTRANCE ASSESSMENTS

Prince of Peace's small class structure allows us the opportunity to be accommodating to each student's academic needs. To assist in determining each child's strengths and to properly staff the class, I understand that students entering our elementary classes may be given the *Brackin School Readiness Assessment* (as part of the enrollment fee cost) before school starts to determine how each child's subtest aligns to the state's early childhood standards. Parents will be given the results of any assessments and are encouraged to make teacher/parent/Director conferences at any time throughout the school year.

CLASSES OFFERED

We serve children between the ages of 2 – 7* years of age. Class options are detailed below:
Please check which class your child is enrolling:

<input type="checkbox"/> 2nd Grade* , <input type="checkbox"/> 1 st Grade, <input type="checkbox"/> Kindergarten, <input type="checkbox"/> K5, <input type="checkbox"/> PK4, <input type="checkbox"/> PK3, <input type="checkbox"/> PK2
➤ 1 st and 2nd Grade* classes are from 8am-2:15pm Monday-Friday (starting in August)
➤ Kindergarten & K5 classes are from 8am-2:15pm Monday-Friday (starting in August)
➤ PK4 Classes are from 9a-1pm Monday-Friday (starting in September)
➤ PK3 Classes are from 9a-1pm Monday-Friday OR MWF (starting in September)
➤ PK2 Classes are from 9a-1pm Monday-Friday OR MWF OR T/TH (starting in September)

Morning care is available to all PK2-PK4 children.

After school care is available to children until 6:00pm.

Weekly preschool summer camps (for ages 3+) may be available (at an additional charge) in June & July. Camp may also be available in August during the month that K5, Kindergarten, 1st & ~~2nd grade~~ are in session to accommodate those with younger siblings (aged 3+). *2nd grade is proposed for upcoming years, but not confirmed as of this date- please check with the Director.

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SECTION 2) MEDICAL & EMERGENCY INFORMATION

ALLERGIES / RESTRICTIONS / LIMITATIONS

Please list or write "N/A" if not applicable to your child.

- Allergies to medication and reaction, if any:
- Allergies to food and reaction, if any:
- Food restrictions
- Mobility limitations
- Any special needs requiring staff attention

My child is currently on medication(s) prescribed for long-term continuous use for the following condition:

Name of Medication(s):

Are there any **daily** medications for the above issues that you will need the Director to administer during school hours?

All known special needs/restrictions for the child have been disclosed. Parent Initials

ILLNESS POLICY. I understand that if my child shows signs of illness during the school day as detailed in the *Parent Handbook*, that I will be notified according to the details in Section 1 and that I will pick my child up promptly or make arrangements for an authorized contact person to pick my child up upon such notification. I understand that my child will be moved from his/her classmates to avoid the potential spread of illness and can be picked-up in the Director's Office.

IMMUNIZATION REQUIREMENT. I will provide to the Director, current copies of my child's immunization record (GA Form 3231) or obtain a notarized waiver no later than fifteen (15) days after the first school day. **I understand that no child will be allowed to continue enrollment in the Center for more than thirty (30) days without such evidence as stated by the State of Georgia.**

Child's Physician: Phone

Full address

Child's Dentist: Phone

Full address

EMERGENCY CONTACT & PICK-UP / RELEASE AUTHORIZATIONS

In the event of an **emergency** the school will always contact the parents/guardians on file first. However, in the event that there is no answer or an immediate need arises regarding an emergency, please list at least two other people whom you authorize us to contact, and to whom will be responsible for the care of the student to include picking up the child and making the additional arrangements to re-unite parent/guardian with the child. If you do not list an additional contact here and parent/guardian cannot be located in an emergency, the school will contact 911 for the safety of the child.

Emergency Contact #1 (other than parent/guardian)

Phone number Alt Phone number Relationship

Address

Release Authorization: This contact is authorized to pick-up the child? Yes () Parent Initials

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Emergency Contact #2 (other than parent/guardian)

Phone number Alt Phone number Relationship
Address

Release Authorization: This contact is authorized to pick-up the child? Yes () Parent Initials

MEDICAL RELEASE

A. Consent for Emergency Medical Treatment

In the event reasonable attempts to contact parents/guardians and emergency contacts listed have been unsuccessful:

I hereby give my consent for my child (name) & Date of Birth .

- 1) The administration of any treatment deemed necessary by a licensed physician or dentist for my child.
- 2) The transfer of my child, to any hospital reasonably accessible (giving preference to hospital listed below).
- 3) I accept full financial responsibility for the payment of all charges made for medical services rendered to my child.
- 4) I absolve church and school employees and volunteers of any liability who in good faith complies with this request.

Consent Signature (Parent/Guardian) Date

Preferred hospital/clinic for acute care and emergency care

Health insurance provider and insurance policy number

OR

B. Refusal of Consent for Emergency Medical Treatment

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring immediate treatment, I wish the school authorities to take the following action:

Refusal Signature (Parent/Guardian) Date

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ADDITIONAL PICK-UP AUTHORIZATIONS

Our staff will only release the student to those authorized in writing. The center will not allow children to enter or exit without being escorted from someone on the approved list. Use this space to include anyone else not previously listed, who you authorize to pick-up your child from our care. Please remember to provide your caregiver with appropriate car seats for legal transportation of your child. Governmental ID will be required before child's release will be granted.

Additional Pick-Up Authorization #1:

Relationship Phone number

Address

Release Authorization: This contact is authorized to pick-up the child? Yes () Parent Initials

Additional Pick-Up Authorization #2:

Relationship Phone number

Address

Release Authorization: This contact is authorized to pick-up the child? Yes () Parent Initials

Additional Pick-Up Authorization #3:

Relationship Phone number

Address

Release Authorization: This contact is authorized to pick-up the child? Yes () Parent Initials

Additional Pick-Up Authorization #4:

Relationship Phone number

Address

Release Authorization: This contact is authorized to pick-up the child? Yes () Parent Initials

DECLINED AUTHORIZATION

We take security seriously. If there is someone who is **NOT ALLOWED** to pick-up your child. Please list that person's FULL NAME below and provide any supporting documentation necessary to assure the safety of your child. Note that if the person listed is found on our premises he/she will be reported to the police as trespassing.

Parent Initials

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SECTION 3) FINANCIAL AGREEMENT

I am the parent or legal guardian of

PROMISE. In return for this promise of continual fulfillment of all policies, the early childhood program agrees to provide care for the above named child that meets the standards and guidelines set forth below and in the *Parent Handbook*. I agree to abide by the policies written below and the policies set forth in the *Parent Handbook*.

ENROLLMENT. I understand that a fee is required at the time of enrollment and classes fill up on a first-come, first-serve basis. I understand that in order to be enrolled in a class, I must be up-to-date in my current school year's tuition payments. If I have an outstanding balance I will be moved to the waiting list for the upcoming school year. Based on the date that I pay my enrollment fee and all outstanding invoices, I will be assigned a tuition fee schedule (see below) which will be in effect until a new agreement has been signed. To qualify for:

- *EARLY ENROLLMENT*, child must be enrolled during the month of February 2018. Green/Orange/Red Form
- *OPEN ENROLLMENT*, child must be enrolled between March 1 – May 14, 2018. Blue Form
- Anyone enrolled after May 14, 2018 will be enrolled under the *LATE ENROLLMENT* tuition fee schedule. Pink Form

➤ I have been assigned the tuition fee schedule which is attached.

METHODS OF PAYMENT. I agree to pay tuition for each child enrolled at Prince of Peace (POPLC) by cash, check, money order, Visa, Master Card, American Express or Discover credit cards. If I choose to pay via credit card, I understand that I will be charged 2.75% per transaction. If you prefer, a reoccurring automatic credit card payment can be made for tuition as well. For your convenience, there is a drop box for check or money order payments outside the main office or you may go to the Director for credit card and cash payments. Receipts will be given for cash payments. It is the responsibility of the payer to assure that a receipt for cash has been provided and to produce said receipt in the event of a payment discrepancy.

PAYMENT DUE DATES. I understand that I have two options for payment of tuition (monthly installments or advance Pay-In-Full Annually).

Monthly Installments: *For PK2-PK4, the school tuition is for September through May and can be divided into nine equal monthly payments as shown on the column *Monthly Installments* listed on your tuition form. *For K5/K-2ndnd Grade school tuition is for August through May and can be divided into ten equal monthly payments as shown on the column *Monthly Installment* listed on your tuition forms. Payments installments are due in advance no later than the 5th of the month. Accounts not paid by the 5th of the month will be assessed a \$25 late payment.

Pay in Full Year Total: To receive a discount as calculated on your fee schedule under the column *If paid in Full by...*, you must pay the entire school year amount by the deadline shown on your fee schedule (Due by Open House for Early & Open Registration Schedule or 1st Day of School for Late Registration Schedule).

FAILURE TO PAY. I understand that there is no automatic reduction of school tuition when my child is on vacation or gone from Prince of Peace for any other reason. I understand that the school reserves the right to dis-enroll any student whose account is 60 days past due, for failure to pay, unless a written agreement has been made in advance with the Director and approved by the School Board. POPLC provides extended hours care as a courtesy to families. I understand if I am in default of my school tuition, my child may be asked to be removed from aftercare care until tuition is up-to-date.

RETURNED CHECKS/NSF. There is a returned check fee of \$25.00. Please note that after ONE returned check, the school will no longer accept checks as a form of payment for the remainder of the school year. I understand that all school year debt must be paid off at the end of the school year to avoid going into collections.

EXTENDED HOURS CARE. If my child is not picked up at class dismissal time, he/she will be admitted automatically into After School Care and I will pay according to the after school fee schedule attached. I understand that if I do not pick up my child by 6:00pm then I will be assessed a \$1.00/minute fee and will be required to pay at time of pickup. If I abuse the 6pm pick-up requirement then my child will no longer be able to participate in the afterschool program.

Parent/Guardian Signature

Date

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SECTION 4) PARENTAL AGREEMENT

- 1) PRINCE OF PEACE agrees to provide PK2 through 1st grade classes for the months of August/September 2018 through May 2019 during our normal operating hours of 8am-6pm:

(Name of Child) will attend
on (days of the week)
Starting on (date)

- 2) Afterschool is offered from 1p-6pm. Afterschool is not offered during the month of August or during summer camps. Please indicate your registration into afterschool. In accordance with our Licensing requirements, children in our PK2-PK4 classes will be charged a one-time \$20.00 nap mat fee for any new children in after school that have attended more than two times. The nap mats will be yours to keep when your child leaves our program. My child:

Will Attend Weekly Periodically as Needed Rarely, if ever

- 3) Morning and afternoon snacks will be provided by the school (free as part of your tuition). Parents are asked to provide a nutritious lunchbox meal for your child each day.
- 4) Before any medication is dispensed to my child, I will complete a WRITTEN AUTHORIZATION FORM, which includes: dates; name of medication; prescription number, dosage; date and time of day medication is to be given. Medicine must be in the original container with the child's full name marked on it and must be stored in the Director's Office.
- 5) I will not allow my child will to leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel. For safety's sake, I will not leave a child unattended in the car while I'm in the building. I will not knowingly bring sick children into the building. I understand that if needed, I can contact the school by phone to assist me with the drop off/pick up of my school child while a sick sibling stays in the vehicle with me. I understand that I MUST sign-in my child at drop off and sign out my child at pick up as it is a requirement of school Licensing.
- 6) I acknowledge that it is my responsibilities to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.
- 7) The facility agrees to keep me informed of any incident, including illnesses, injuries, adverse reactions to medications, etc. which involve my child.
- 8) I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.
- 9) If I decide to withdraw my child from Prince of Peace, I will notify the Director at least two weeks in advance in order to allow notice for children on the waiting list.
- 10) I understand that POPLC reserved the right to dismiss any child from the Center for 1) Failure to Pay, 2) Severe discipline problems as detailed in the *Parent Handbook* or 3) Special Needs that we are not certified to accommodate.
- 11) I have read a copy of the *Parent Handbook* and agree to abide by the policies and procedures for PRINCE OF PEACE. A copy to keep will be provided to me at Open House.

Signature Parent/Guardian: Date:

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Child Profile for Preschool PK2-PK4 (this completed form will be provided to teacher)

Child Name: Nickname (if applicable):

What would you like most for your child to experience with us?

Can your child effectively communicate his or her needs?

Is your child toilet trained?

What does your child enjoy doing the most?

What are your child's favorite toys?

What are your child's mealtime routines at home?

How many hours of sleep does your child receive at night?

Does your child take naps?

Does your child need a special item for a nap?

What words are spoken in your house for toileting?

How does your child express anger or react to frustration?

Does your child have any particular fears?

How does your child comfort himself/herself?

What are your child's play interests (preference for creative, dramatic or construction play)?

How would you describe your child's personality?

What do you enjoy most about your child?

Is there anything else in your child's experiences you would like to tell us so we can better meet your child's needs?

Any special procedures to be followed in caring for your child?

Any services required by outside agencies?

Primary language spoken at home?

Does your child reside in Douglas County? If not, which county?

Which type of classroom environment will your child attend after leaving our program? () another private Christian School, () a public school, () a charter school, () homeschool, () undecided/other.

Please indicate the best way to inform you of school related information. We use the Remind app for quick communication.

Family Email: Phone number for texting:

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Child Profile for Elementary Age (this completed form will be provided to teacher)

Child Name: Nickname (if applicable):

What would you like most for your child to experience with us?

Can your child effectively communicate his or her needs?

What does your child enjoy doing the most?

How many hours of sleep does your child receive at night?

How does your child express anger or react to frustration?

Does your child have any particular fears?

How does your child comfort himself/herself?

What are your child's play interests (preference for creative, dramatic or construction play)?

How would you describe your child's personality?

What do you enjoy most about your child?

Does your child have any pets?

Please list any activities that your child participates in after school or on weekends (sports, clubs or church groups)?

Does your child have access to a computer or laptop at home?

Is there someone that is able to work on homework each weekday with your child?

Is there anything else in your child's experiences you would like to tell us so we can better meet your child's needs?

Any special procedures to be followed in caring for your child?

Any services required by outside agencies?

Primary language spoken at home

Does your child reside in Douglas County? If not, which county?

Which type of classroom environment will your child attend after leaving our program? () another private Christian School, () a public school, () a charter school, () homeschool, () undecided/other.

Teachers will send notices home with your child. Occasionally, important information will need to be sent via email or text. Please list one (the best) email address and the best phone number where you would like to receive correspondence.

Family Email: Phone number for texting