



2019-2020 ENROLLMENT

A ministry of Prince of Peace Lutheran Church since 2006 by providing a quality education in a Christian environment for children age 2 through kindergarten.

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

770-627-5562
3988 Highway 5, Douglasville GA 30135
poplcprek@gmail.com

2019-2020 Student Enrollment Forms

SECTION 1) STUDENT FAMILY INFORMATION

Name of Child/Student Enrolling

First Name	Middle Name	Last Name	Date of Birth	M / F
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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 <input style="width: 680px;" type="text"/>			
Residential Address, (if different from student's) <input style="width: 680px;" type="text"/>			
Place of employment <input style="width: 680px;" type="text"/>			
Employer's full address (incl. zip) <input style="width: 680px;" type="text"/>			
Relationship to Student <input style="width: 180px;" type="text"/>			
Cell phone <input style="width: 100px;" type="text"/>	Work phone <input style="width: 100px;" type="text"/>	Home phone <input style="width: 100px;" type="text"/>	
Email Address <input style="width: 600px;" type="text"/>			
Which is the best method to reach this contact during school hours? (<input type="checkbox"/>) Cell, (<input type="checkbox"/>) Home, (<input type="checkbox"/>) Work, (<input type="checkbox"/>) Email			
Release Authorization: Is this contact authorized to pick your child up? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) Parent Initials <input style="width: 50px;" type="text"/>			

Parent/Guardian #2*			
Full Name <input style="width: 680px;" type="text"/>			
Residential Address, (if different from student's) <input style="width: 680px;" type="text"/>			
Place of employment <input style="width: 680px;" type="text"/>			
Employer's full address (incl. zip) <input style="width: 680px;" type="text"/>			
Relationship to Student <input style="width: 180px;" type="text"/>			
Cell phone <input style="width: 100px;" type="text"/>	Work phone <input style="width: 100px;" type="text"/>	Home phone <input style="width: 100px;" type="text"/>	
Email Address <input style="width: 600px;" type="text"/>			
Which is the best method to reach this contact during school hours? (<input type="checkbox"/>) Cell, (<input type="checkbox"/>) Home, (<input type="checkbox"/>) Work, (<input type="checkbox"/>) Email			

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Release Authorization: Is this contact authorized to pick your child up? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) Parent Initials <input style="width: 50px;" type="text"/>
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Please list the names of all other children in student's household:

Name <input style="width: 95%;" type="text"/>	Age <input style="width: 20%;" type="text"/>	Grade (if appl) <input style="width: 20%;" type="text"/>
Name <input style="width: 95%;" type="text"/>	Age <input style="width: 20%;" type="text"/>	Grade (if appl) <input style="width: 20%;" type="text"/>
Name <input style="width: 95%;" type="text"/>	Age <input style="width: 20%;" type="text"/>	Grade (if appl) <input style="width: 20%;" type="text"/>
Name <input style="width: 95%;" type="text"/>	Age <input style="width: 20%;" type="text"/>	Grade (if appl) <input style="width: 20%;" type="text"/>

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

Name of the school your child last attended/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 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 the student's 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

CLASSES OFFERED

We serve children between the ages of 2 - 6 years of age. Class options are detailed below.

Please check the class in which your child is enrolling:

<input type="checkbox"/> Kindergarten, <input type="checkbox"/> K5, <input type="checkbox"/> PK4, <input type="checkbox"/> PK3, <input type="checkbox"/> PK2
➤ Kindergarten & K5 classes are from 8 am-1 pm Monday-Friday (starting in September)
➤ PK4 Classes are from 9 am-1 pm Monday-Friday (starting in September)
➤ PK3 Classes are from 9 am-1 pm Monday-Friday OR MWF (starting in September)
➤ PK2 Classes are from 9 am-1 pm Monday-Friday OR MWF OR T/TH (starting in September)

Before School Care is between 8 am and 9 am. After school care is available from 1:00 pm until 6:00 pm. Weekly preschool summer camps (for ages 3 and older) may be available (at an additional charge) in June, July and August, depending on student participation.

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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 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*), I will be notified and expected to pick my child up promptly or make arrangements for an authorized contact person to pick my child up. I understand that my child will be moved from his/her classroom 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 Licensing Board.**

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.

Emergency Contact #1 (other than parent/guardian)

Phone number Alt Phone number Relationship

Address

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

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's 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 ask that the school authorities take the following action:

Refusal Signature (Parent/Guardian) Date

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ADDITIONAL PICK-UP AUTHORIZATIONS

Our staff will only release your child to those authorized in writing. The center will not allow children to enter or exit the building without being escorted by someone on the approved list. Use this space to include anyone else not previously listed, who you authorize to pick your child up 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 your 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 (<input type="checkbox"/>)		
		Parent Initials

Additional Pick-Up Authorization #2:

Relationship		Phone number
Address		
Release Authorization This contact is authorized to pick-up the child? Yes (<input type="checkbox"/>)		
		Parent Initials

Additional Pick-Up Authorization #3:

Relationship		Phone number
Address		
Release Authorization This contact is authorized to pick-up the child? Yes (<input type="checkbox"/>)		
		Parent Initials

Additional Pick-Up Authorization #4:

Relationship		Phone number
Address		
Release Authorization This contact is authorized to pick-up the child? Yes (<input type="checkbox"/>)		
		Parent Initials

DECLINED AUTHORIZATION

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

	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.

<p>➤ <i>Signature</i></p>	<p><i>Date</i></p>
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METHODS OF PAYMENT I agree to pay tuition for each child enrolled at Prince of Peace (POPLC) by cash, check, or money order. For your convenience, there is an after hour drop box outside the main office. Receipts will be given for all 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: *Our tuition is divided into nine equal monthly payments (September – May). Tuition is due on the 1st of each month and considered late after the 5th. Accounts not paid by the 5th of the month will be assessed a \$25 late payment fee.

Pay in Full Year Total: To receive a 5% discount, payment must be made by the night of Open House.

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, unless a written agreement has been made in advance with the Director and approved by the School Board.

RETURNED CHECKS/NSF There is a returned check fee of \$25.00. Please note that after two returned checks, the school will no longer accept a check 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 my child up by 6:00 pm, I will be assessed a \$1.00/minute fee and will be required to pay at the time of pickup. If I abuse the 6 pm pick-up requirement, my child will no longer be able to participate in the After School program.

Parent/Guardian Signature

Date

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SECTION 4) PARENTAL AGREEMENT

- 1) PRINCE OF PEACE agrees to provide PK2 through Kindergarten classes for the months of September 2019 through May 2020 during our normal operating hours of 8/9 am - 1 pm.

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

- 2) Afterschool is offered from 1 pm-6 pm during the school year. Please indicate your interest in our After School program. In accordance with our licensing requirements, children in our PK2-Kindergarten 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) Parents are asked to provide a nutritious lunchbox meal for your child each day, as well as snack(s) for am & pm.
- 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; and date and time of day the 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 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 responsibility 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 reserves 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 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. .Family Email:

Phone number for texting