

Welcome to



After School Enrichment and Camp Exploration Program

Monday-Friday
6:30 AM - 6:00 PM

East:

1801 Ellington Road
Conyers, GA 30013
770-860-8900 (ext. 1004)

West:

1760 Ebenezer Road
Conyers, GA 30094
770-860-8900 (ext.1012)

Covington:

10125 Hwy 142 N
Covington, GA 30014
770-860-8900 (ext. 4001)



After School Enrichment and Camp Exploration Programs

Office Use Only:

_____ Application Fee _____ Form 3231 _____ Complete Application
_____ Registration Fee

2023-2024 Pricing

Application Fee \$30 • Annual Registration \$65

School In Session

Public School

Kindergarten - 5th Grade \$75 weekly

Private School

Pre-Kindergarten - 8th Grade \$65 weekly

School Breaks/Camp

Pre-Kindergarten - 5th \$145 weekly

Teacher Work Days

\$22 additional

Early Release Days

\$15 additional

Peachtree Academy Private School is accredited by Southern Association of Colleges and Schools (SACS), therefore our program is not licensed. Our before/after-school program is operated by an accredited private school and will operate under the exemption category for Georgia Department of Early Care and Learning. My signature represents my knowledge of the above mentioned policies as well as the content of the parent handbook.



Afterschool Enrichment and Camp Exploration School Policies

Please initial each line for acknowledgement

Peachtree Academy is open during the school year Monday - Friday from 6:30 a.m. until 6:00 p.m. Children may attend up to 10 hours per day. Any student picked up after 6:00 will be charged \$1 per minute. After three occurrences, students will be dis-enrolled. _____

Tuition is due weekly on **Friday** for the upcoming week. _____

Late tuition payments will be charged \$10 on Monday, \$5 on Tuesday. (Enrollment may be terminated if your account is not current on Wednesday. All collection and legal fees will be borne solely by the client.) _____

Tuition includes all homework assistance, educational activities, and a nutritious snack. _____

Tuition is averaged over the year. Therefore, the same weekly amount is due on holiday weeks. _____

Peachtree Academy will be closed to share time with our families on the following days: **New Year's Day, Good Friday at 3:00, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day.** _____

If you sign up for a week of camp, tuition is due. Daily rates are available for special occasions, space permitting. _____

Students that require our before/afterschool services must pay their tuition separately from the private school. _____

Students that are enrolled in afterschool enrichment are automatically enrolled in camp during breaks. _____

If your child will **not** attend our enrichment program during the summer and school breaks, a \$150 holding fee will be charged to guarantee a space for the upcoming school year. This holding fee is due by September 1st of the current school year. _____

Students enrolled year-round may also receive one **FREE** week (that can only be use during the summer months) if they are enrolled consistently throughout the year. _____

You may receive 2 weeks at half price if your child is on vacation. In order to receive vacation credit, one must submit the request **two weeks** prior to the date of absence. _____

Any full week of absences over the 2 week period require tuition in full. (Please see an administrator for current fees) _____

A two-week written notice must be given for changes in enrollment of a student, otherwise, tuition will be due. _____

I give my permission for my child's photograph to be used for advertising purposes. My child's name will not be listed with his/her picture. _____

Children with a fever of 99.4 degrees or higher will be sent home until fever free for 24 hours. _____

Please do not send in toys, fidget spinners, game boys, candy or other unnecessary items from home. Peachtree Academy is not responsible for the loss of any toys, electronics, etc. Only a change of clothes should be left at school for Pre-Kindergarten/Kindergarten students. _____

Parking is not allowed under the awning located in the front of the school - this is a fire lane! _____

As a private school, we reserve the right to dis-enroll any child from our after school program. _____

Student Name _____ **Date** _____

Parent's Signature _____ **Date** _____



Application

Child's name: _____ Date of Birth: _____

Address: _____

Father's name: _____

Employer: _____

Employer address: _____ Zip Code: _____

Work phone _____ Home phone _____

E-mail address: _____

Home address: _____ Zip Code: _____

Mother's name: _____

Employer: _____

Employer address: _____ Zip Code: _____

Work phone _____ Home phone _____

E-mail address: _____

Home address: _____ Zip Code: _____

What school does your child attend?

What Grade will your child attend in the fall? _____

I authorize my child to be released to the person signing this agreement, emergency contacts and:

Name	Address	Telephone	Driver's License #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Signature _____ **Date** _____

***All tuition is due on Friday by 6:30 p.m. for the next week. A \$10 late fee will be assessed on Monday and an additional \$5 will be assessed on Tuesday. In your child's best interest, Peachtree Prep limits the amount of time spent in school to 10 hours per day. Additional tuition will be charged for children who stay longer than the maximum.**



Medical and Liability Release Form

Child's Name _____ Class _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother/Guardian Name _____ Father/Guardian Name _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact Name #1 _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to family: _____

Emergency Contact Name #2 _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to family: _____

Family Physician Name: _____

Phone Number: _____

Medical History: Any Allergies/Conditions that would affect the student's activities or progress?

I hereby authorize Peachtree Prep to secure necessary emergency/medical attention for my child in the event of an illness or injury at school or on any school sponsored function. In the event that I cannot be reached in an emergency situation, I hereby authorize that my child is treated as a Peachtree Academy staff member or EMT deems necessary. I also authorize emergency transportation by the school or EMS. I hereby authorize the physician chosen by, Peachtree Academy to hospitalize, secure proper treatment for my child as deemed necessary. I also agree to assume financial responsibility for any such services rendered.

I hereby agree to assume and accept all risks and hazards inherent to school-related activities. I agree not to hold Peachtree Prep, the employees, or chaperones liable for damages, losses, or injuries to the student. I understand that I am signing for the student on this form and the signature is for medical and liability release.

Student Name _____ **Date** _____

Parent's Signature _____ **Date** _____



Vehicle Emergency Medical Information Transportation Agreement

Child's Name _____ D.O.B _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Known Allergies? _____

Current Medications? _____

Special Needs/Conditions? _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

In the event of an emergency, and parents cannot be reached, please contact:

Name _____ Phone _____

Child's Physician: _____ Phone _____

Peachtree Academy uses the following medical center: **Piedmont ,Newton, 5126**

Hospital Dr NE, Covington, GA 30014 770-786-7053

I give permission for my child, _____ to ride on the Peachtree Academy van to be transported to and from public/private school and/or on designated field trips.

- My child attends _____ school and is to be transported from Peachtree Academy at _____ a.m. and to arrive at designated school at _____ a.m.
- My child is to be picked up from _____ school at _____ p.m. and returned to Peachtree Academy at _____ p.m. as set forth in the transportation plan.

Children will be provided seats with seat belts if they ride in a bus where they are required. We ask that you discuss vehicle safety with your child. You must call by 1:30 p.m. if your child will not need to be picked up at public/private school. Peachtree only assumes responsibility for children given to them by the school system. Failure of the school system to have children available for pick up as planned may result in the delay of your child's pick up. Please make sure school officials know your child attends Peachtree Academy.

In the event of an emergency involving my child and I cannot be reached, I hereby authorize any necessary medical care to be given. I further agree to hold harmless Peachtree Academy and its representatives from all liability. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature _____ **Date** _____



ACH withdrawal is the method of payment that we receive at Peachtree. This allows our campus to be cash free.

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER: 123456789
ACCOUNT NUMBER: 000123456789
CHECK NUMBER: 0001

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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