



# Peachtree Prep Application

Child's name: \_\_\_\_\_ Enrollment date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_

Father's name: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Zip \_\_\_\_\_

SS # \_\_\_\_\_ Birth date: \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone Provider: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Zip \_\_\_\_\_

SS # \_\_\_\_\_ Birth date: \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone Provider: \_\_\_\_\_

Child's home address if different from above: \_\_\_\_\_ Zip \_\_\_\_\_

Parents:  Married  Single  Separated  Divorced

Child lives with: \_\_\_\_\_

Is this your child's first preschool experience? \_\_\_\_\_

If no, where did they attend? \_\_\_\_\_

**Information in your child's file must be updated on a regular basis to avoid state intervention.**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does your child have any known allergies, physical or mental disabilities, or developmental delays (including premature birth) that would require additional care?  Yes  No

Does your child have any speech delays?  Yes  No

To help us understand any special needs, please tell us about them:

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to continue your child's education at our K-12th grade private school? \_\_\_\_\_

Would you like to serve on a parent advisory committee? \_\_\_\_\_

My child(ren) will attend school at Peachtree Prep: \_\_\_\_\_ Full time \_\_\_\_\_ Part-time

Times of attendance: \_\_\_\_\_

**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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\_\_\_\_\_  
\_\_\_\_\_

**\*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.**



# Tuition Sheet

**Application Fee \$30 • Annual Registration \$65**

**Annual 10 volunteer hours per family or \$125 service fee towards volunteer projects**

**East: 1801 Ellington Road Conyers, GA 30013 770-800-8900 (ext. 1004)**

Infants _____	Little Paws/Nurture and Love _____	\$205
Early Preschool _____	Busy Cubs/Watch Me Grow _____	\$195
Toddlers _____	Leaps and Bounds/ Bright Minds _____	\$185
Advanced Preschool _____	Discover the World/Explorers _____	\$185
Pre-Kindergarten _____	Enrichment & Meals - GA Pre-K _____	\$95/\$135 camp*
GA-Pre- Kindergarten _____	School Hours Only - Meals _____	\$92/month
Private Pre-Kindergarten _____	Private School _____	\$5,900 or \$590/month
Afterschool Enrichment _____	Pre-K - 5th Grade _____	\$77 for public school \$65 for private school students
Camp Peachtree _____	Pre-K - 5th Grade _____	\$145 camp (2 day \$70)

**\*\$15 early release fee and \$22 for school out all-day\***

**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)**

Infants _____	Nurture and Love _____	\$190
Early Preschool _____	Watch Me Grow _____	\$185
Toddlers _____	Leaps and Bounds _____	\$180
Advanced Preschool _____	Discover the World _____	\$177
Pre-Kindergarten _____	Enrichment & Meals - GA Pre-K _____	\$92/\$135 camp*
GA-Pre- Kindergarten _____	School Hours Only - Meals _____	\$90/month
Private Pre-Kindergarten _____	Private School _____	\$5,900 or \$590/month
Afterschool Enrichment _____	Pre-K - 5th Grade _____	\$77 for public school \$65 for private school
Camp Peachtree _____	Pre-K - 5th Grade _____	\$135 camp (2 day \$68)

**\*\$15 early release fee and \$22 for school out all-day\***

## Parent Handbook Acknowledgment Form

I have received and read a Peachtree Prep handbook. I fully understand and agree to comply with all policies and procedures as set forth.

\_\_\_\_\_ I have received a hard copy of the handbook.

\_\_\_\_\_ I have read the parent handbook online at peachtreeacademy.com

I understand the importance of my commitment to an excellent education for my child. Peachtree Prep agrees to work towards the best interest of my child and I agree to help by building a relationship with my child's teachers. I commit to volunteering at least 10 hours per year, per child as a volunteer at the school, 15 max per family. I agree to be courteous in all actions with the staff and administration.

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Student Profile

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current age \_\_\_\_\_

This profile will stay with your child's teachers. Your child's teachers will benefit from the continual updating of this form by you if changes occur. Communication is the key to a successful relationship between teachers, children, and parents. Our school wants families to be engaged in the learning and growth process. Each family is expected to contribute at least 10 hours of volunteer time per year or pay a \$50 service fee that will go towards the purchase of equipment and/or supplies for school projects.

1. Where has your child had previous preschool experience? \_\_\_\_\_
2. What would you most like for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_
3. What does your child most enjoy doing? \_\_\_\_\_
4. Does your child have any particular fears? \_\_\_\_\_
5. Do you consider your child shy or outgoing? \_\_\_\_\_
6. Does your child play with other children? \_\_\_\_\_
7. About what things does your child express the most curiosity? \_\_\_\_\_  
\_\_\_\_\_
8. List the names and ages of other children in your family home. \_\_\_\_\_  
\_\_\_\_\_
9. How long does your child nap? \_\_\_\_\_
10. How many hours of sleep does your child receive at night? \_\_\_\_\_
11. Does your child have allergies? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
12. Does your child have any special medical or physical needs? \_\_\_\_\_  
\_\_\_\_\_
13. Do you have a special cultural interest/hobby that you would like to share with the children? \_\_\_\_\_
14. Are you available to help with special events? \_\_\_\_\_
15. What kind of healthy foods/meals does your child eat? \_\_\_\_\_
16. Does anyone else care for your children? (Grandparents, Neighbors, etc.)? \_\_\_\_\_  
\_\_\_\_\_
17. We would like to support your child's heritage and cultural identity at school. Are there any special traditions, celebrations, or songs that are especially important to your family and your child? \_\_\_\_\_  
\_\_\_\_\_
18. What is your native language? \_\_\_\_\_
19. Are other languages spoken at home? \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email address** \_\_\_\_\_



# 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** \_\_\_\_\_

**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** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Sunscreen Permission Form

During the warm summer months, our students enjoy a wide variety of outdoor activities. In our ongoing effort to provide the highest quality of care to all of our Peachtree Prep families, health and wellness are a primary concern.

With the additional outdoor games and activities being scheduled for these gorgeous summer days, it is important that we keep UV protection in mind. To ensure that your child is being protected from the harmful rays of the sun, Peachtree Prep Teachers will be applying sunscreen daily.

Please be sure to complete the permission form below and return it to the administrative staff. You will need to check with the administrator to see if you need to bring in a bottle of sunscreen.

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

I give permission for the Peachtree Prep Staff to administer the application of sunscreen to my child.

No, I do not give permission for Peachtree Prep Staff to administer the application of sunscreen to my child. I fully understand the harmful effects of UV rays.

I hereby understand that I am responsible for supplying, replenishing, and labeling my child's sunscreen. I release the staff of Peachtree Prep from all liability in the event of any reaction from the sunscreen applied.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Tuition Policies - Please check each box for acknowledgment:**

Tuition includes educational activities, a hot lunch, and a nutritious snack.

Tuition is due weekly on Friday for the upcoming week. *ACH is our method of receiving a payment each week and, families should have a completed form on file for the tuition.*

Late tuition payments will be charged \$10 on Monday, \$5 on Tuesday. (Enrollment may be terminated if your account is not current on Wednesday. Late fees will continue to be assessed on the account balance until the account is paid in full, even if your child is withdrawn. All collection and legal fees will be borne solely by the client.)

The full tuition amount is due on holiday weeks, including New Year's Day, Good Friday at 3:00, Memorial Day, 4th of July, Labor Day, Thanksgiving, and the day after, Christmas Eve at 3:00, Christmas day.

A two-week written notice must be given for withdrawal of a student; otherwise, full tuition will be due for two weeks after the last date of attendance. Late fees will apply as applicable.

Application and registration fees are non-refundable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Peachtree Prep School Policies

Please initial each line for acknowledgement

We are open year-round M-F from 6:30 am - 6:00 p.m. Attendance is up to 10 hours per day. \_\_\_\_\_

All children must be escorted in and out of the building by the parents or authorized guardians. \_\_\_\_\_

Each child must keep a complete change of clothes at the school in the event of accidents. (shirt, pants, underwear, and socks) \_\_\_\_\_

Please call Peachtree Prep by 9:00 AM if your child will not attend school that day. Daily drop off ends at 9:00 am. (We kindly request that children not be picked up during nap time from 11:30 AM - 2:00 PM) \_\_\_\_\_

During the school year, please do not park under the awning in front of the building between 7:50 am - 8:15 am and 2:30 pm - 2:50 pm. These are carline hours for our Pre-Kindergarten class. \_\_\_\_\_

Please notify the office staff in advance if your child will be absent for an entire week Monday through Friday and you will receive two ½ price weeks credit per enrollment year after 6 months of attendance. \_\_\_\_\_

Children with a fever of 100 degrees or higher will be sent home. Children will not be admitted until fever and/or symptom-free for 24 hours without the use of fever-reducing medications. \_\_\_\_\_

"Authorization to Administer Medication Form" must be completed and signed on a weekly basis by the parent. We do not administer ongoing treatment unless we have a letter on file from your doctor. (All medication must be in the original container with the child's name on it.) \_\_\_\_\_

Form 3231 (state immunization form) must be turned in within 10 days of acceptance or your student will be withdrawn. \_\_\_\_\_

Should my child become ill or suffer an accident while at Peachtree Prep, the school shall contact me at the number(s) I have provided to them. I authorize Peachtree Prep to seek emergency medical treatment if deemed necessary for my child. The parents will assume responsibility for payment for any services rendered. \_\_\_\_\_

Parents must update enrollment records with any changes to information on this application. (Address changes, employment changes, etc.) \_\_\_\_\_

I understand that I am responsible for any special diet required by my child. If the child is an infant, I will provide the appropriate number of bottles per day. Each bottle will be labeled with the child's name and date as required by state regulations. Students will be provided with a nutritious lunch and afternoon snack daily. (Vegetarian lunch substitutions are provided.) \_\_\_\_\_

Breakfast is available before 7:50 AM at an additional cost for children in all classes except PreK. (Menus are prepared monthly and posted in the office.) \_\_\_\_\_

Please do not send in outside food, toys, candy, or any other unnecessary items from home. \_\_\_\_\_

A \$2.00 charge will be added to account balances when diapers, wipes, and/or clothing are borrowed from the school or another child. \_\_\_\_\_



I give permission for my child to attend a field trip to the Private School building for use of the gymnasium, library, and computer lab. (This opportunity will allow students to exercise during inclement weather.) \_\_\_\_\_

Transportation is provided from school ( see administration for a list of schools) and on planned field trips with parental permission for children in PreK and above. A separate form with signature is required for this service. \_\_\_\_\_

I give permission for Peachtree Prep to conduct a Developmental Screening for my child throughout the school year and notate any learning successes and/or concerns that may require additional services. \_\_\_\_\_

Tuition is due on Friday for the upcoming week. A \$10 late fee will be due on Monday and a \$5 late fee will be charged on Tuesday. Full tuition is due even if your child is not in attendance. \_\_\_\_\_

Peachtree Prep requires two weeks written notice prior to withdrawal or change in tuition fee. Full tuition will be charged if withdrawal is not properly given. \_\_\_\_\_

There will be a \$1,000.00 fee if you hire a Peachtree Prep staff member away from the school during your child's enrollment period or within 12 months after withdrawal. \_\_\_\_\_

We have a Parent Code of Conduct that Parents must be respectful and kind to everyone on campus. (Please refer to the handbook for more information) \_\_\_\_\_

We ask that cell phones not be used in the building to allow for better teacher/parent interaction. \_\_\_\_\_

Any concerns may be expressed directly to the teacher and if not resolved, through a meeting with the Director or by email to the owner, JaNice Van Ness at JaNice@peachtreeacademy.com. \_\_\_\_\_

All families must complete an annual 10 volunteer hours per family or a \$125 service fee towards volunteer projects will be charged to your account per year. \_\_\_\_\_

**I have read the Peachtree Prep Parent Handbook and agree to abide by all policies set forth. I will work with Peachtree Prep to ensure the very best Early Childhood Education for my child. Comments and volunteers are always welcome. Additional information is available online at [www.PeachtreeAcademy.com](http://www.PeachtreeAcademy.com)**

**Mother/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner/Director 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      ACCOUNT NUMBER      CHECK NUMBER

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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