

Welcome to



**PEACHTREE
PREP**

After School Enrichment & Camp Exploration Program

**Monday-Friday
6:30 am - 6:00 pm**

 **East**

1801 Ellington Rd
Conyers, GA 30013
770-860-8900 (Ext 1004)

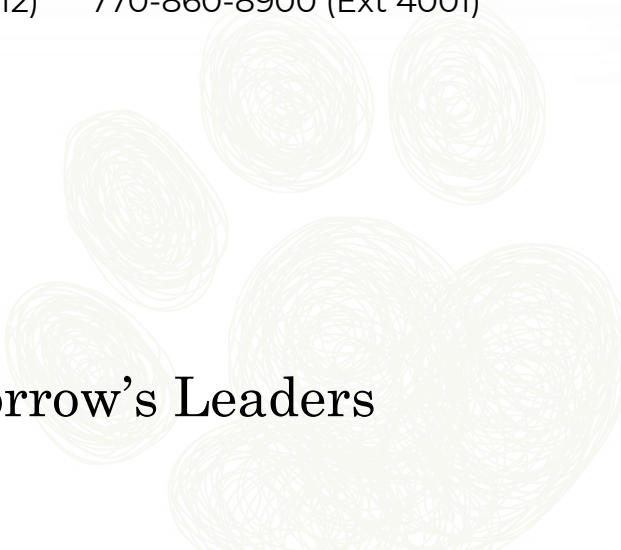
 **West**

1760 Ebenezer Road
Conyers, GA 30013
770-860-8900 (Ext 1012)

 **Covington**

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

Building the Minds of Tomorrow's Leaders





Tuition & Program Options

Serving East, West, and Covington Campuses

Application Fee: \$40

Annual Registration: \$80 (Due Aug 1)

Volunteer Requirement:
10 hours per family OR \$125 service fee

Early Learning Programs			
Program	East	West	Covington
Infants	\$230	\$205	\$220
Early Preschool	\$225	\$200	\$215
Toddlers	\$220	\$195	\$210
Advanced Preschool	\$220	\$190	\$205

Pre-K Programs	After School & Camp
GA Pre-K Enrichment \$100 / \$165 (camp)	After School Enrichment \$85/week
School Hours Only \$100/month	Private School Students \$75/week
Private Pre-K \$6,400 or \$640/month	Camp Peachtree \$165/week (2-day \$100)

Additional Fees:

• Early Release: \$20 • School-Out Day: \$30. • Drop-In Rate: \$65

Parent Acknowledgement & Agreement



I have read and understand the Peachtree Prep handbook and agree to follow all policies and procedures.

- I have read received a written copy of the handbook
- I have reviewed the handbook online

I understand my role in supporting my child's education and agree to follow school policies, including volunteer participation requirements.

Parent/Guardian
Signature _____

Date _____

Program Policies & Guidelines

After School Enrichment & Camp Program Policies

Please review and initial each section

Hours & Pick-Up

- Program operates Monday–Friday, 6:30 AM – 6:00 PM
- Students may attend up to 10 hours per day
- Late pick-up: \$1 per minute after 6:00 PM
- After 3 late occurrences, the student may be dismissed

Initial: _____

Tuition & Payments

- Tuition is due weekly on Fridays
- Late fees: \$10 (Monday), \$5 (Tuesday)
- Accounts must remain current
- Tuition includes homework assistance, activities, and a snack

Initial: _____

Closures

Peachtree Academy is closed on major holidays, including:

- New Year's Day
- Good Friday (early release at 3:00 PM)
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving & following day
- Christmas Eve & Christmas Day

Initial: _____

Enrollment Policies

- Aftercare students are automatically enrolled in camp during school breaks
- Summer opt-out requires a \$150 holding fee (due by Sept. 1)
- Two-week written notice required for schedule changes

Initial: _____

Vacation Policy

- 2 weeks per year at half tuition
- Must submit request at least 2 weeks in advance
- Absences over 2 weeks require full tuition

Initial: _____

Communication & Campus Contact

- Individual campus phone numbers are listed below each location in this packet for direct communication.
- Parents are encouraged to contact their child's campus directly for questions, updates, or urgent matters.

Initial: _____

Health & Illness Policy (UPDATED)

- Students with a temperature of 100°F or higher will be sent home.
- Students must be fever-free for 24 hours without the use of fever-reducing medication before returning.
- For the health and safety of all students, medication should not be used to mask symptoms in order to attend.

Initial: _____

Personal Belongings

- School is not responsible for lost or damaged items
- Pre-K/Kindergarten: send a change of clothes

Initial: _____

Behavior & Safety Expectations

- We reserve the right to dismiss any student whose behavior creates a disruption to the class or poses a safety or supervision concern.
- Behavior that may cause harm to others or failure to follow program rules will be addressed promptly to maintain a safe environment.
- Our goal is to provide a safe, fun, and enriching afterschool and summer camp experience for all students.

Initial: _____

Dress Code

- Students must wear closed-toe shoes daily for safety.
- Water shoes are recommended on days involving water activities, including field trips to water parks or swimming.

Initial: _____

Additional Guidelines

- No parking under front awning (fire lane)
- Photography may be used for school marketing (no names listed)
- School reserves the right to dismiss students from the program

Initial: _____

Student Name: _____

Parent/Guardian Signature: _____

Date: _____



After School Enrichment & Camp Application

STUDENT INFORMATION

Child's Name: _____
Date of Birth: _____
Address: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian

Name: _____
Employer: _____
Employer Address: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
Email Address: _____
Home Address: _____ Zip Code: _____

Mother/Guardian

Name: _____
Employer: _____
Employer Address: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
Email Address: _____
Home Address: _____ Zip Code: _____

SCHOOL INFORMATION

What school does your child attend? _____
What grade will your child attend in the fall? _____

AUTHORIZED PICK-UP & EMERGENCY CONTACTS

Name	Address	Telephone	Drivers License #

SIGNATURE

Parent/Guardian Signature: _____
Date: _____

IMPORTANT NOTE

All tuition is due on Friday for the upcoming week. A \$10 late fee will be assessed on Monday, and an additional \$5 on Tuesday. Peachtree Prep limits student attendance to 10 hours per day. Additional tuition will be charged for extended time.



Vehicle Emergency Medical Information Transportation Agreement

STUDENT INFORMATION

Child's Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

MEDICAL INFORMATION

Known Allergies: _____
Current Medications: _____
Special Needs / Conditions: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian

Name: _____
Employer: _____
Work Phone: _____

Father/Guardian

Name: _____
Employer: _____
Work Phone: _____

EMERGENCY CONTACT (IF PARENTS CAN NOT BE REACHED)

Name: _____
Phone: _____

PHYSICIAN INFORMATION

Child's Physician: _____
Phone: _____

MEDICAL FACILITY

Peachtree Academy utilizes the following medical center:
Piedmont Newton Hospital
5126 Hospital Dr NE
Covington, GA 30014
770-786-7053

SIGNATURE

Parent/Guardian Signature: _____
Date: _____

TRANSPORTATION AUTHORIZATION

I give permission for my child to be transported by Peachtree Academy for the following:
To and from public/private school
Designated field trips

Transportation Schedule

Morning Drop-Off

Depart Peachtree Academy at: _____ a.m.
Arrive at school at: _____ a.m.

Afternoon Pick-Up

Picked up from school at: _____ p.m.
Returned to Peachtree Academy at: _____ p.m.

Transportation Policies

- Students will be provided appropriate seating and seat belts where required
- Parents should discuss vehicle safety expectations with their child
- Parents must notify the school by 1:30 PM if transportation is not needed
- Peachtree Academy assumes responsibility only for children released by the school system
- Delays in school dismissal may affect pick-up times
- Parents should notify school officials that their child attends Peachtree Academy

MEDICAL AUTHORIZATION

In the event that I cannot be reached, I authorize Peachtree Academy to obtain necessary medical care for my child.

I understand that:

- I am responsible for any medical expenses incurred
- I release and hold harmless Peachtree Academy and its representatives from liability related to emergency care



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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