



*186 New Hope Road
 Lawrenceville, GA 30046
 Tel: 678-376-0883 Fax: 678 266-9718*

Pre-School Enrollment Application

Application Form _____
 Birth Certificate _____
 Financial Form _____
 Health Record _____
 Interview _____
 Recommendation _____
 Records Transfer _____
 Registration Fee _____

DATE: _____

SNAPGRADE #: _____
Office Use Only

EXIT DATE: _____
Office Use Only

Entrance Date:	Address:	
Child's Name:	Birth Date:	Legal Guardian:
Father's Name:	Email:	Home #:
Employer:		Cell #:
Employer:		Work #:
Mother's Name:	Email:	Home #:
Employer:		Cell #:
Employer:		Work #:

Student Name

Are both parents in the home?

Family status:

Does your child have any pets?

If YES, indicate what kind and the pet's name:

Is your child toilet trained?

What does your child say when he/she wishes to use the toilet?

Does your child have any special conditions, physical, mental, medical, developmental, allergies, or other delays, which would prevent him/her from fully participating in school activities?

If applicable, how can we best accommodate your child's special needs?

What language(s) is spoken at home?

Does your child have any special fears or problems?

Has your child been cared for by any other adult other than the parents?

If YES, by whom?

Student Name

Are there any other adults living in the home such as grandparents, etc.?

How does your child get along with other children?

Does your child have any favorite “security” objects, toys, or games?

Please tell us any other important information that may be helpful to us in administering care and education to your child.

- 1. The Agape Jr. Preschool agrees to provide childcare for on M-T-W-Th-F from _____ to _____

- 2. The child may **ONLY** be released to the person(s) whose name appears below or to the following persons as requested:

NAME	ADDRESS	PHONE #	RELATIONSHIP

Please Note: Any person, except the parents picking up a child, must show valid identification before the child is released into his/her care. The person must sign the sign-out sheet before the child is released.

Student Name

PARENTAL AGREEMENT

1. I agree to pay the monthly fee of \$400.00 by the 7th of each month. If the child is absent for any period of the month the full tuition is due. If the child should be withdrawn, one month's notice must be given or the full tuition will be charged.
2. I agree to provide a crib sheet, blanket, lunch and snack, a change of clothes, and a bottle of water for my child.
3. I agree to allow my child to be transported, to participate in physical activities, and field trips, and not hold Agapé Jr. Academy, Inc. and its agents liable for injury and/or damage.
4. I agree not to send my child to school knowing that he/she is sick. If my child falls ill, I will arrange for an immediate pickup.
5. Parents must abide by the uniform code and must participate in fundraising and other school activities.

<p>Parent Signature</p>	<p>Date</p>
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Thank you! We look forward to a wonderful year with you and your child!