

Mailing address: P.O. Box 1358

Buford, GA 30515

Physical address: 1242 Buford Hwy NE

Sugar Hill, GA 30518 bufordpws@gmail.com 678-765-8330

Kindergarten Registration 2024 - 2025

Registration date	New student	Return	ning student	BF	C member (take	\$20 off regi	stration)
Child's name				Date o	of birth/		
First	Last						
Preferred name for classroom use		Gender	F	M	Age as of Sept.	1, 2024	
Home address			City		Zip Co	ode	
Parent 1 name					(circle one)	: Mother	Father
Parent 1 cell phone #	Parent 1 Ema	il					
Parent 2 name					(circle one)	: Mother	Father
Parent 2 cell phone #	Parent 2 Ema	il					
Who would you like email correspondence	to be sent to? (circle on	e) : Parent	1 Email	Parent 2	Email Both	Parents' Em	nails
Parents' Marital Status		Do both	parents have	custody	/ rights?		
Has your child attended school? If so, whe	re?						
How did you hear about our school? If refe	erred, please tell us who	we have to t	nank!				
Please list all siblings, indicang name and g	rade/age level:						
Primary language spoken at home		Doe	s your child s	peak/un	derstand English	?	
Church normally attended (if applicable) _			Denomir	nation/R	eligion		
Does your child have any allergies? YES / NO If yes, does your child require an Epipen? YES / NO If yes, please provide an emergency action plan completed by a pediatrician on file before the first day of school.							
List allergies							
Does your child have evidence of hearing I	oss, vision difficulties, sp	eech delays	or developme	ntal dela	ays? YES / NO		
If yes, please explain:							
Does/will your child receive developmenta services for physical, occupational, behavio						ublic or priva	ate
While we wish we were able, BPWS is r	not equipped to accomm	odate all de	lays/and or s	pecial ne	eds.		
Any other health issues that we need to be	e aware of?						

1. Name		2. Name				
Cell number ₋	Relationship	Cell number	Relationship			
Parent Agr	eement (please read carefully, initial each	statement where in	ndicated to the left and sign below):			
Parent Initials	arent Agreement Statements					
	I wish to enroll my child,	the registration fee is d	, at Buford Presbyterian Weekday School (BPWS) ue at the time of registration in the amount of The registration fee does not apply to any month'			
	I agree to make ten tuition payments via cash or following tuition payment schedule:	check (payable to BPWS) in the amount of \$350 in accordance with the			
	Registration Fee	Upon Registration				
	Tuition Payment 1 & Activity Fee	June 1, 2024				
	Tuition Payment 2	August 5, 2024				
	Tuition Payment 3	September 3, 2024				
	Tuition Payment 4	October 1, 2024				
	Tuition Payment 5	November 1, 2024				
	Tuition Payment 6	December 2, 2024				
	Tuition Payment 7	January 6, 2025				
	Tuition Payment 8	February 3, 2025				
	Tuition Payment 9	March 3, 2025				
	Tuition Payment 10	April 1, 2025				
	I understand that a late fee of \$25 will be added to of the month due (except in January). If my tuitio my child will be withdrawn from enrollment. All to non-transferable at the time of receipt. I understate returned check fee.	n account becomes two uition payments are wit	months past due at any time, I understand that hout exception non-refundable and			
	I understand morning carpool runs from 9:20 to 9 pick up my child from afternoon carpool, I will be and any fees will be added to the subsequent mo	charged a late fee of \$1	0 plus \$1 for every minute I am late past 1:40 pm			
	I understand tuition payment 1 (due June 1, 202 beginning of school and that it is without excepting receipt of this payment by June 1, 2024 , BPWS has if I enroll my child subsequent to June 1, I must p	on non-refundable and i as the right to relinquish	non-transferable at the time of receipt. Without my child's spot to another applicant. I understan			
	I understand that a curriculum/activity fee of \$12 tuition payment 1 due June 1, 2024. This fee is n point in the school year. For any registrations rec with the registration fee upon enrollment. A sho	on-refundable should yo eived after June 1, the \$	our family leave our program at any subsequent 6125 curriculum/activity fee should be included			

supplies we ask you send in for your child/the school.

	I understand BPWS makes staffing and budget decisions based on enrollment at the beginning of the year and that by enrolling my child I am committing in good faith that my child will attend BPWS for kindergarten for the entire 2024-2025 school year. I am committing to paying tuition through April 1, 2025 as per the above payment schedule. Should I need to withdraw my child from BPWS due to an unforeseen family circumstance, two months' notice is required and tuition payment 1 will be applied to the final month of tuition. If I have not yet made tuition payment 1 due to late enrollment, I understand that I will be responsible for paying the equivalent of two month's tuition payments in full if I do not provide two months' notice. I understand that tuition already paid will not be refunded should I withdraw my child from BPWS for any reason.
	I understand that I must provide a current, unexpired Georgia Immunization Certificate (Form 3231) from my child's pediatrician no later than August 1, 2024 . The form must be received prior to a child attending school and kept updated by the parent for the child to continue sending. Children will not be permitted to begin school without this form. There will not be any exceptions given for this requirement. If at any time the child's immunization form expires, the form will have to be updated by the child's pediatrician prior to the child returning to school.
	It is mutually agreed that in the event of an accident or illness of my child while in the care of BPWS, BPWS shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, BPWS will use its best effort to contact the emergency contacts provided in the order listed on this registration form. In the event the parents and the emergency contacts are not immediately available, BPWS is authorized to secure such care as the situation may reasonably warrant.
	I attest that I have been forthcoming with any and all special needs, delays, and behaviors that I have noticed as a parent, have discussed with my child's pediatrician or have been raised at previous schools. I understand that BPWS offers general education classes and is not equipped to accommodate all delays and/or special needs, in consideration of the safety, support, and continuing development of each child within our program. BPWS reserves the right to terminate a child's enrollment at any time due to any delays, behaviors, and/or special needs which we are unable to accommodate.
	I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such I agree that where BPWS has acted in good faith to comply with accident and/or illness procedure, it shall not be liable for any accident and/or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent/legal guardian.
	BPWS qualifies for an exemption from state licensure. As a parent of a child attending BPWS, I acknowledge that I have been advised that BPWS is not licensed and is not required to be licensed by the state as per the exemption rules with Bright from the Start (Rule 591-1-146). By initialing, I acknowledge that I am also aware that Buford Presbyterian Church carries liability insurance for BPWS.
	I agree to read and abide by all of the policies in the parent handbook, which is to be provided by BPWS before school begins. I grant permission for my child's name, parent names, home address, phone number and email address to be included in a class directory, which may be distributed to other parents in my child's class. I also give permission for my child to be photographed or videoed, understanding that these photos/videos will be used on my child's class app or private Facebook page. Photos/videos may also be shared by representatives of the school on the BPWS website, Facebook page or newsleers subject to terms outlined in the parent handbook. If I choose to opt out of having my child's images in a public forum, I will notify the directors in writing.
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I acknowledge my understanding and agreement to the aforementioned parent agreement.					
	Parent Signature	Date			