



Mailing address: P.O. Box 1358
Buford, GA 30515

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

Preschool Registration 2024 - 2025

Registration date _____ New student Returning student BPC member (take \$20 off registration)

Child's name _____ Date of birth ____/____/____
First Last

Preferred name for classroom use _____ Gender _____ F _____ M Age as of **Sept. 1, 2024** _____

Home address _____ City _____ Zip Code _____

Parent 1 name _____ **(circle one):** Mother Father

Parent 1 cell phone # _____ Parent 1 Email _____

Parent 2 name _____ **(circle one):** Mother Father

Parent 2 cell phone # _____ Parent 2 Email _____

Who would you like email correspondence to be sent to? **(circle one):** Parent 1 Email Parent 2 Email Both Parents' Emails

Parents' Marital Status _____ Do both parents have custody rights? _____

Has your child attended school? If so, where? _____

How did you hear about our school? If referred, please tell us who we have to thank! _____

Please list all siblings, indicating name and grade/age level: _____

Primary language spoken at home _____ Does your child speak/understand English? _____

Church normally attended (if applicable) _____ Denomination/Religion _____

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 loss, vision difficulties, speech delays or developmental delays? YES / NO

If yes, please explain: _____

Does/will your child receive developmental services from Babies Can't Wait, Gwinnett County Schools, and/or other public or private services for physical, occupational, behavioral, speech, and/or other delays? YES / NO If yes, please explain:

****While we wish we were able, BPWS is not equipped to accommodate all delays/and or special needs.****

Any other health issues that we need to be aware of? _____

Please provide contact information for two people authorized to pick up your child in case of an emergency in the event a parent or guardian cannot be reached (identification will be verified):

1. Name _____

2. Name _____

Cell number _____ Relationship _____

Cell number _____ Relationship _____

2024-25 Class Selection:

Please mark your selection for a class below (your child must be the age of the class you are registering for as of 9/1/24):

_____ 1 year old, 2 day (Monday/Wednesday or Tuesday/Thursday- to be determined) \$250

Class(es) will either be Monday/Wednesday or Tuesday/Thursday. Days of the week to be decided closer to the beginning of school based on the birthdays of registered children. Please select your preferred schedule below:

_____ I prefer Monday/Wednesday, but understand my preferred choice isn't guaranteed.

_____ I prefer Tuesday/Thursday, but understand my preferred choice isn't guaranteed.

_____ I do not have a preference between the two choices.

_____ 2 year old, 2 day (T/Th)* \$250

_____ 2 year old, 3 day (M/W/F)* \$280

_____ 2 year old, 4 day (M-Th) \$310

*The 2 day and 3 day classes may be combined to create a 5 day option for your 2 year old. Monthly tuition is the combined total of the 2 day and 3 day classes, at a reduced rate (\$500). The registration fee for this option will be a discounted rate of \$350.

_____ 3 year old, 3 day (M/W/F)* \$280

_____ 3 year old, 4 day (M-Th)* \$310

_____ 3 year old, 5 day (M-F)** \$350

*Please initial below to indicate your understanding that all children attending our three year old classes are required to be toilet trained. Children in the three year old classes may **not** come to school in diapers or pull-ups. If the child is not toilet trained by his/her school start date, he/she will not be able to attend a three year or older class until trained. Parents will have the option to defer the child's start date until trained, however to maintain enrollment in their class, the parent will be responsible for the monthly tuition payments to hold the child's spot. _____ (parent initial)

**Curriculum will be taught Monday-Thursday and Friday will be an enrichment day for our 3 year old students who attend five days.

_____ 4 year old pre-K, 4 day (M-Th) \$310

_____ 4 year old pre-K, 5 day (M-F)* \$350

*Curriculum will be taught Monday-Thursday and Friday will be an enrichment day for our pre-k students who attend five days.

All classes offered are subject to enrollment and staffing. At the discretion of the directors, class schedules may be revised. Please indicate here your second choice if your first option is unavailable and anything else you wish for us to know about your preferences.

Parent Agreement (please read carefully, initial each statement where indicated to the left and sign below):

Parent Initials	Parent Agreement Statements																				
	<p>I wish to enroll my child, _____, at Buford Presbyterian Weekday School (BPWS) for the 2023-2024 school year. I understand that the registration fee is due at the time of registration in the amount of one month's tuition for the class selected for enrollment and is without exception non-refundable at the time of payment. This registration fee does not apply to any month's tuition.</p>																				
	<p>I agree to make nine tuition payments via cash or check (payable to BPWS) in the amount indicated above for the class selected for enrollment in accordance with the following tuition payment schedule:</p> <table border="1" data-bbox="342 499 1019 957"> <tbody> <tr> <td>Registration Fee</td> <td>Upon Registration</td> </tr> <tr> <td>Tuition Payment 1 & Activity Fee</td> <td>June 1, 2024</td> </tr> <tr> <td>Tuition Payment 2</td> <td>September 3, 2024</td> </tr> <tr> <td>Tuition Payment 3</td> <td>October 1, 2024</td> </tr> <tr> <td>Tuition Payment 4</td> <td>November 1, 2024</td> </tr> <tr> <td>Tuition Payment 5</td> <td>December 2, 2024</td> </tr> <tr> <td>Tuition Payment 6</td> <td>January 6, 2025</td> </tr> <tr> <td>Tuition Payment 7</td> <td>February 3, 2025</td> </tr> <tr> <td>Tuition Payment 8</td> <td>March 3, 2025</td> </tr> <tr> <td>Tuition Payment 9</td> <td>April 1, 2025</td> </tr> </tbody> </table>	Registration Fee	Upon Registration	Tuition Payment 1 & Activity Fee	June 1, 2024	Tuition Payment 2	September 3, 2024	Tuition Payment 3	October 1, 2024	Tuition Payment 4	November 1, 2024	Tuition Payment 5	December 2, 2024	Tuition Payment 6	January 6, 2025	Tuition Payment 7	February 3, 2025	Tuition Payment 8	March 3, 2025	Tuition Payment 9	April 1, 2025
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	<p>I understand that a late fee of \$25 will be added to my child's tuition account for any payments not received by the 5th day of the month due (except in January). If my tuition account becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. All tuition payments are without exception non-refundable and non-transferable at the time of receipt. I understand that if any check is returned by the bank, I will be charged a \$30 returned check fee.</p>																				
	<p>I understand morning carpool runs from 9:20 to 9:35 am and afternoon carpool runs from 1:20 to 1:35 pm. If I am late to pick up my child from afternoon carpool, I will be charged a late fee of \$10 plus \$1 for every minute I am late past 1:40 pm and any fees will be added to the subsequent month's tuition statement.</p>																				
	<p>I understand tuition payment 1 (due June 1, 2024) is required to confirm and guarantee my child's enrollment for the beginning of school and that it is without exception non-refundable and non-transferable at the time of receipt. Without receipt of this payment by June 1, 2024, BPWS has the right to relinquish my child's spot to another applicant. I understand if I enroll my child subsequent to June 1, I must pay tuition payment 1 at the time of enrollment with registration.</p>																				
	<p>I understand that an activity fee of \$75 is assessed annually for twos, threes, and pre-k students and will be billed with the tuition payment 1 due June 1, 2024. Students in the ones classes are assessed \$50 annually. This fee is non-refundable should your family leave our program at any subsequent point in the school year. For any registrations received after June 1, the activity fee should be included with the registration fee upon enrollment. A short supply list will be provided prior to the beginning of school with school supplies we ask that you send in for your child/the school.</p>																				
	<p>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 the entire 2024-2025 school year. If I must withdraw my child from BPWS, 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.</p>																				

	<p>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.</p>
	<p>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.</p>
	<p>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.</p>
	<p>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.</p>
	<p>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 591-1-1-.46). By initialing, I acknowledge that I am also aware that Buford Presbyterian Church carries liability insurance for BPWS.</p>
	<p>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 newsletters 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.</p>

I acknowledge my understanding and agreement to the aforementioned parent agreement.

Parent Signature

Date