



North Metro Weekday Preschool

1026 Old Peachtree Road, NE Lawrenceville, GA 30043 (770) 995-9283

Preschool Registration Form 2021-2022



Child's Full Name _____ Birthdate _____

What name does your child go by? _____ Sex _____

Address _____ Phone _____

City _____ State _____ Zip _____

Primary Email Address _____

Father's Name _____ Business Phone _____

Employer _____ Cell Phone _____

Mother's Name _____ Business Phone _____

Employer _____ Cell Phone _____

Does child live with both parents? Yes _____ No _____ If no, list with whom the child lives _____
List secondary email if needed _____

Are there any security issues with your child? _____ If yes, please explain: _____

Primary Language _____ If it is not English, does your child understand/speak English? _____

Do you have a church home? Yes _____ No _____ Name _____

Would you like to receive information on North Metro Baptist Church _____

Sibling Names and DOB _____

Are you aware of any emotional, behavioral, speech, or developmental delays/concerns or diagnosis with your child? _____
If yes, please explain _____

Has your child been referred for testing or been tested for any special needs including but not limited to emotional, behavioral, speech, or developmental delays? _____

Does your child receive services from your local county, private sector, or Babies Can't Wait program for any of the above? _____

If you have checked yes to any of the above 3 questions, be sure to read the back side of this page, sign and date.

Does your child have allergies? _____ If so, please list _____

Does your child have an EPI pen? _____. If so, you will be required to fill out a liability waiver.

The Health Department requires that the CDC have an updated form #3231 on file for every preschool/ kindergarten student. This is a requirement of the State of Georgia. This form is available at your doctor's office or at the Health Department. Failure to comply with this policy could result in the temporary closing of the school; therefore, it will be requested upon registration if one is not already on file. Your child will not be assigned to any class until this requirement is fulfilled.

Date	Reg. Fee	Check No.	Age	Days
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Please Do Not Write in Boxes
Please fill out additional information on back

Child's
Name _____

Please note the following:

Class Selection

Please check the class you are enrolling:

- CMO (12 mos-24 mos), T/TH _____
- Two Year Old, T/TH _____
- Two Year Old, MWF _____
- Two Year Old, M-F _____
- Three Year Old, TWTH _____
- Three Year Old, M-F _____
- Four Year Old, M-TH _____
- Four Year Old, M-F _____
- Transition (5 year old) M-F _____
- *Kindergarten, M-F _____

Kindergarten has different form

- ◆ All children, without exception, must be age-appropriate by September 1 to enroll in specific class.
- ◆ The registration payment is non-refundable, without exception and must accompany the application.
- ◆ With the exception of the CMO class, all classes will begin at 9:00 and end at 1:00. The CMO class hours are 9:00-12:00.
- ◆ All classes with the exception of CMO will bring their own lunch daily, nothing that requires heating.
- ◆ All children enrolling in any of the three year old classes must be **completely** potty-trained, wearing no pull-ups.
- ◆ All children must have an immunization form or religious exemption form on file before being assigned to a class.
- ◆ North Metro reserves the right to cancel or change a class due to unforeseen events such as low enrollment.

**Special Needs, Learning Disabilities, Behavior, Social,
Physical or Emotional Challenges**

Our classroom teachers strive to give equal attention to each student. They are not trained in the area of special needs, learning disabilities, or behavioral, social, physical or emotional challenges. Once enrolled, students are expected to adhere to the classroom behavior guidelines and expectations and are expected to be able to handle the structure of the classroom. To protect the learning environment of all students in the class, the teacher and assistant are unable to devote one-on-one assistance to a child who may require continual redirection either emotionally, behaviorally, socially, physically, or academically.

We realize that some learning disabilities or behavioral, social, physical or emotional challenges may develop over time and may not become evident until a certain age. Where we welcome assistance from the Gwinnett County special needs program in some instances, we are not always able to adhere to all the criteria, goals, and expectations within the students IEP due to the nature of our program.

If it's determined by the director together with the classroom teacher at any time that North Metro CDC is not a good fit, the student may be withdrawn and a pro-rated tuition amount will be refunded at the discretion of the director. Registration fees are non-refundable.

I have read, understand and agree to all contents listed within this document and have had the opportunity to ask questions and clarify any statements not understood.

Parent Signature

Date

Child's Name _____

Parental Agreements

Please initial each paragraph and sign below.

_____ I understand my registration is not complete without the registration fee, completed registration form, and an updated immunization form/religious exemption form. I understand the **registration fee is without exception nonrefundable and non-transferable at the time of payment.**

_____ I understand the tuition fee is a yearly fee equally divided into 9 monthly payments. I understand tuition is due on the 1st of each month. I understand a late fee will apply if received after the 7th of each month. I understand my child may not attend class if tuition is not received by the 15th of the month. I understand my child will be withdrawn if payment is not made within 30 days of due date. I understand there is a \$20 fee for NSF checks. If a second check is returned, all future payments must be made in cash.

_____ I understand there will be a late charge if picking up my child after 1:10, usually \$1 per minute.

_____ I understand enrolling my child is a year commitment. There are no discounts for extended travel or days missed due to inclement weather. I understand December, April, and May are not discounted due to the number of days of school. I understand I must give a 30 day notice for withdrawing my child. If not, I agree to pay for one month.

_____ I understand my child is completely potty-trained if enrolling into any of the three year old classes or older.

_____ I agree to read and abide by all of the policies in the parent handbook, which is to be provided by North Metro Child Development Center. I understand the handbook is on the school website for me to view at any time.

_____ I understand North Metro Child Development Center, as an educational program, is exempt from state licensure (as per Bright from the Start Rule 591-1-1-46) and is not required to be licensed through the state. I understand North Metro CDC complies with zoning, certificate of occupancy, fire inspection, and health department requirements.

_____ It is mutually agreed that in the event of an accident or illness of the child while in the care of the Child Development Center, the CDC shall use its best efforts to contact the parent immediately. In the event the parent is not immediately available, however, the CDC is authorized to secure such care as the situation may reasonably warrant. When the parents cannot be immediately contacted, the CDC will use its best efforts to contact your emergency contact as listed below.

Name _____ Relationship _____ Phone _____

_____ I give permission to North Metro to use photos of my child for school purposes which may include the school website, the school FB page, classroom bulletin boards, teacher distribution by email to classroom families or any comparable situation that may apply.

_____ I give permission for my family's name, address, phone number, and email to be printed and shared with other classmates in the classroom.

_____ I agree that where North Metro CDC has acted in good faith to comply with an accident and/or illness procedure, it shall not be liable for any accident or illness to the child, and all liability as might otherwise exist expressly waived by the parent.

Pediatrician's Name

Pediatrician's Phone Number

Parent Signature

Date

Please fill out backside

Child's Name _____

Student Behavior Rules

As we strive to teach our students Christ-like behavior, we know that discipline is needed to mold a student's character. It is a process that requires time and patience, with the ultimate goal of *having a child's own good choice(s) being his or her own reward.*

Boundaries help children feel secure. Without boundaries, we believe that children cannot truly fulfill God's purpose for their lives.

With these points in mind, the CDC/CK has in place school-wide rules for behavior in the classes of all ages. Rules help children know what's expected of them, and they are also in place so that emotions do not drive discipline. We have elected to have the following (color-coded) five, simple rules:

1. (Purple Rule) Listen Well
2. (Green Rule) Use Walking Feet
3. (Blue Rule) Use an Inside Voice
4. (Red Rule) Keep Your Hands to Yourself
5. (Golden Rule) Be Kind to Others

We will "explain, rehearse, and reinforce" these rules in every classroom. We will attempt to redirect children BEFORE any anticipated bad choices occur. However, if bad choices are made, each teacher will have a "behavior consequence system" in place (i.e. time out, privilege denial, moving clips on a stop light, pulling straws, etc.) If there are repeated offenses or a major incident such as hitting, spitting, biting, or being disrespectful to a teacher, the child will be sent to the director's office. The director will talk further with the child regarding the bad choice/s that he/she made and the director may elect to have the child call you to explain. At any time a child is sent to the director's office, a behavior report will be made and the parent will be required to sign the report. If there is a second time the child is sent to the director's office, the parent may be asked to pick up the child for the day. If there is a third time the child is sent to the director's office, a conference will be set up between the parents, teachers and director. Appropriate consequences will be addressed including dismissal from the school.

More importantly, each teacher will also have a reward system in place, which will recognize and reinforce positive behavior and good choices.

We will inform you on a regular basis your child's good choices and good behavior. We will inform you immediately any repetitive, negative behavior so that together we can implement strategies to correct it.

Please sign below indicating that you understand our Student Behavior Rules and our structure in disciplining and rewarding your child/children. Thank you for your support as we look forward to a great year.

Signature

Date