



Dear Parents,

Thank you for enrolling your child in the Early Childhood Program at Peachtree Academy Private School. We are very happy to have your child join our growing educational community! This enrollment packet includes several forms that will need to be completed for each prospective student enrolled at our school. Please complete each form and return them to the Peachtree administrative staff on or before your child's first day of school.

All prospective students will need the following forms and documents on file:

- _____ Application for Admission with a small photo of the child attached
- _____ Medical and Liability Release Form
- _____ Vehicle Emergency Medical Information and Transportation Agreement
- _____ Child Profile
- _____ Sunscreen Permission Form
- _____ State of Georgia Immunization Record (Form 3231)
- _____ Parent Handbook Acknowledgment Form
- _____ Change of clothes in a gallon Ziploc bag with child's name on all items

Students for the Infant classroom will need:

- _____ Infant Feeding Plan that will be updated as child's diet requires

Students going into a Pre-Kindergarten program will also need:

- _____ Copy of your child's Birth Certificate
- _____ Copy of your child's Social Security Card
- _____ Ear, eye, and dental exam (Form 3300)

As required in our handbook, please be sure to inform our Administrative staff of any changes in your contact information, both home or work, as well as any updates to your child's pickup or emergency contact information.

If you have any questions or concerns with regard to this matter, please feel free to contact me directly.

Thank you,

JaNice VanNess
Founder and Director of Admissions
info@peachtreeacademy.com

Ellington Campus
1801 Ellington Road
Conyers, GA 30013
770-860-8900

PEACHTREE ACADEMY
APPLICATION FOR ADMISSION
www.peachtreeacademy.com

Ebenezer Campus
1760 Ebenezer Road
Conyers, GA 30094
770-922-6044

Student Information

Please attach a wallet size photo of your child

Child's name: _____ Enrollment date: _____

Age: _____ Sex: _____ Birth date: ___/___/___ Withdrawal date: _____

Child's name: _____ Enrollment date: _____

Age: _____ Sex: _____ Birth date: ___/___/___ Withdrawal date: _____

E-mail address _____

Child's home address: _____ Zip _____

Home phone: _____ With whom does child live? _____

Our Private School offers Kindergarten – 12th grade. Do you plan to continue your child's education with our private school? _____

Fathers's name: _____ Work phone: _____

Occupation: _____ Cell Phone: _____

Employer and address: _____

Mother's name: _____ Work phone: _____

Occupation: _____ Cell Phone: _____

Employer and address: _____

Parents: ___ Married ___ Single ___ Separated ___ Divorced

Who has primary custody? _____ (Custody agreements will be kept on file)

Information in your child's file must be updated on a regular basis. The parent or guardian must keep current and correct information in the child's records at all times to avoid state intervention. Any/all changes in the information must be initialed by the parent and director. **No child may spend more than 10 hours per day at Peachtree Academy.**

PARENTAL AGREEMENT WITH PEACHTREE ACADEMY

I wish to enroll my child(ren)at Peachtree Academy for:

___ Full time or ___ Part time, Monday-Friday from _____ until _____ at a cost of _____.

*All tuition is due on Friday by 6:30 p.m. for the next week. A \$10 late fee will be assessed on Monday and an additional \$5 will be assessed on Tuesday.

In your child's best interest, **Peachtree Academy limits the amount of time spent in school to 10 hours per day.** Additional tuition will be charged for children who stay longer than the maximum.

I authorize my child to be released to the person signing this agreement and:

Name **Address** **Telephone** **Driver's License #**

Physician: _____ **Phone:** _____ - _____ - _____

Physician address: _____ Does your child have a current form 3232 on file?

Is this your child's first preschool experience? _____ If no, where has your child attended? _____

Does your child have any known allergies, physical or mental disabilities, or developmental delays (including premature birth) that would require additional care? _____ **yes** _____ **no**

Peachtree Academy will be glad to try and accommodate your child's needs. To help us understand any special needs, please tell us about them: _____

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- Parents must be respectful of teachers and staff members. For students to be successful, a strong relationship between parents, teachers, and child must be maintained. We ask that cell phones not be used in the building to allow for better teacher – parent interaction. Any concerns may be expressed through a meeting with the Director or by email to info@peachtreeacademy.com.
 - All children must be escorted in and out of the building by the parents or authorized guardians. "Authorization to Administer Medication Form" must be completed and signed on a weekly basis by the parent. We do not administer ongoing treatment unless we have a letter on file from your doctor. All medication must be in the original container with the child's name on it. Medications are given daily at 2:00PM.
 - Form 3231 (state immunization form) must be turned in within 10 days of acceptance.
 - Parents must update enrollment records with any changes to information on this application. (Address changes, employment changes)
 - Each child must keep a complete change of clothes at the school in the event of accidents. (shirt, pants, underwear, and socks)
 - A \$2.00 charge will be added to account balances when diapers, wipes, and/or clothing are borrowed from the school or another child.
 - I understand that I am responsible for any special diet required by my child. If the child is an infant, I will provide the appropriate number of bottles per day. Each bottle will be labeled with child's name and date as required by state regulations.
 - Transportation is provided to and from school (West Newton, Peeks, Chapel, Fairview, and Flat Shoals) and on planned field trips with parental permission. A separate form with signature is required for this service.
 - Peachtree Academy will provide children on regular diets with a nutritious lunch and afternoon snack daily. Breakfast is available before 8:00 am at an additional cost. Menus are prepared monthly and posted in the office. Outside food is not permitted at Peachtree Academy.
 - Should my child become ill or suffer an accident while at Peachtree Academy the school shall contact me immediately at the numbers I have provided to them. I authorize Peachtree Academy to seek emergency medical treatment if deemed necessary for my child. The parents will assume responsibility for payment for any services rendered.
 - Tuition is due on Friday for the upcoming week. A \$10 late fee will be due on Monday and a \$15 late fee will be charged on Tuesday.
 - **Peachtree Academy requires two weeks written notice prior to withdrawal or change in tuition fee.** Please ask for a form at the front desk. Full tuition will be charged if withdrawal is not properly given.
 - Nebulizer treatments- One treatment will be given per day at no charge. Each additional treatment per day will be assessed a \$3.00 charge per treatment.
 - There will be a \$1,000.00 fee if you hire a Peachtree Academy staff member away from the school during your child's enrollment period or within 12 months after withdrawal.

I have read the Peachtree Academy Parent Handbook and agree to abide by all policies set forth. I will work with Peachtree Academy to ensure the very best Early Childhood Education for my child. Comments and volunteers are always welcome.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Owner/Director Signature: _____ Date: _____

Peachtree Academy
Medical and Liability Release Form

Child's Name _____ Class _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother/Guardian Name _____ Father/Guardian Name _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Pager/Cell Phone _____ Father's Pager/Cell Phone _____

Emergency Contact (1): Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Relationship to Family _____

Emergency Contact (2): Name _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Relationship to Family _____

Family Physician: Name _____ Phone _____

Medical History: Allergies/Conditions that would affect student's activities or progress _____

Medical Liability Release

I hereby authorize Peachtree Academy to secure necessary emergency/medical attention for my child in the event of an illness or injury at school or on any school sponsored function. In the event that I cannot be reached in an emergency situation, I hereby authorize that my child is treated as a Peachtree Academy staff member or EMT deems necessary. I hereby authorize the physician chosen by Peachtree Academy to hospitalize or secure proper treatment for my child as deemed necessary. I also agree to assume financial responsibility for any such services rendered.

I hereby agree to assume and accept all risks and hazards inherent to school-related activities. I agree not to hold Peachtree Academy, the employees, or chaperones liable for damages, losses, or injuries to the student. I understand that I am signing for the student on this form and the signature is for medical and liability release.

Student Name _____ Date _____

Parent/Guardian Signature _____

Peachtree Academy
Vehicle Emergency Medical Information / Transportation Agreement

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Known Allergies _____

Current Medications _____

Special Needs/Conditions _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

In the event of emergency, and parents cannot be reached, please contact:

Name _____ Phone _____

Child's Physician: _____ Phone _____

Peachtree Academy uses the following medical center:

Rockdale Hospital
Milstead Avenue, Conyers, GA 30012
770-918-3000

I give permission for my child, _____ to ride on the Peachtree Academy van to be transported to and from public/private school and/or on designated field trips.

- My child attends _____ school and is to be transported from Peachtree Academy at _____ a.m. and to arrive at designated school at _____ a.m.
- My child is to be picked up from _____ school at _____ p.m. and returned to Peachtree Academy at _____ p.m. as set forth in the transportation plan.

Children will be provided seats with seat belts. We ask that you discuss vehicle safety with your child. You must call by 2:00 p.m. if your child will not need to be picked up at public/private school. Peachtree only assumes responsibility for children given to them by the school system. Failure for the school system to have children available for pick up as planned may result in the delay of your child's pick up. Please make sure school officials know your child attends Peachtree Academy.

In the event of an emergency involving my child and I cannot be reached, I hereby authorize any necessary medical care to be given. I further agree to hold harmless Peachtree Academy and its representatives from all liability. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature _____ Date _____

Peachtree Academy
Child Profile

Child's Name _____ Date of Birth ____/____/____

This profile will stay with your child's teachers. As your child grows and develops, characteristics will be added to this form. Your child's future teachers will benefit from this continual updating, therefore, we need your input on any changes taking place outside of school that may affect your child while in our care. Communication is the key to a successful relationship between teachers, children, and parents.

1. Has your child had previous preschool experience? _____
2. What would you most like for your child to experience with us? _____
3. What does your child most enjoy doing? _____
4. Does your child have any particular fears? _____
5. Do you consider your child shy or outgoing? _____
6. What are your child's favorite toys? _____
7. About what things does your child express the most curiosity? _____
8. Does your child play with other children? _____
9. List the names and ages of other children in your family home. _____

10. What words are spoken in your home for toileting? _____
11. Does your child take a nap? _____ How long? _____
12. How many of hours of sleep does your child usually receive at night? _____
13. Does your child have allergies? If so, please explain. _____

14. Does your child have any special medical or physical needs? _____
15. Do you have a special interest/hobby that you would like to share with the children? _____

16. Are you available to help with special events? _____
17. What is the marital status of the child's parents? _____
18. Does anyone else care for your children? (Grandparents, Neighbors, etc.) _____

Parent/Guardian Signature _____ Date _____



Peachtree Academy Sunscreen Permission Form

During the warm summer months, our students enjoy a wide variety of outdoor activities. In our ongoing effort to provide the highest quality of care to all of our Peachtree Academy families, health and wellness is a primary concern.

With the additional outdoor games and activities being scheduled for these gorgeous summer days, it is important that we keep UV protection in mind. To ensure that your child is being protected from the harmful rays of the sun, Peachtree Academy Teachers will be applying sunscreen daily.

Please be sure to complete the permission form below and return it to the administrative staff. You will need to check with the administrator to see if you need to bring in a bottle of sunscreen.

Child's Name: _____

Classroom: _____

_____ I give permission for the Peachtree Academy Staff to administer the application of sunscreen to my child.

_____ No, I do not give permission for Peachtree Academy Staff to administer the application of sunscreen to my child. I fully understand the harmful effects of UV rays.

I hereby understand that I am responsible for supplying, replenishing and labeling my child's sunscreen. I release the staff of Peachtree Academy from all liability in the event of any reaction from the sunscreen applied.

Signature of Parent/Legal Guardian _____ Date _____

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Parent Handbook Acknowledgement Form

I have received and read a Peachtree Academy handbook. I fully understand and agree to comply with all policies and procedures as set forth.

_____ I have received a hard copy of the handbook

_____ I have read the early childhood handbook online at peachtreeacademy.com

I understand the importance of my commitment to an excellent education for my child. Peachtree Academy agrees to work towards the best interest of my child and I agree to help by building a relationship with my child's teachers. I commit to volunteering at least 10 hours per year as a volunteer at the school.

Child's name _____ Date _____