



Main Campus
 1801 Ellington Road
 Conyers, GA 30013
 770-860-8900 Ext. 17
info@peachtreeacademy.com
www.PeachtreeAcademy.com

Office Use Only:	
Application Fee	_____
Registration Fee	_____
Form 3231	_____
Birth Certificate	_____
Student's Picture	_____
Complete Application	_____

Tuition Schedule

Application Fee \$ 30

Infants
 Toddlers
 Early Preschool
 Preschool
 Pre-Kindergarten
 Pre-Kindergarten
 Pre-Kindergarten
 After-school – PreK-6th

Nurture and Love
 Watch Me Grow
 Leaps and Bounds
 Discover the World
 Extended Hours & Lunch – GA Pre-K
 School Hours Only – Meals
 Private School
 Camp Exploration

\$175
 \$170
 \$165
 \$160
 \$90/\$130
 \$85/mo
 \$410/mo
 \$60/*135/*125

\$5 early release fee and \$15 for school out all day *Full week breaks and summer camp.

Annual Registration \$ 50

School Policies

Please initial each line for acknowledgement

____ Peachtree Academy is open year round Monday - Friday from 6:30 am until 6:30 p.m. Children may attend up to 10 hours per day. The Private School is open from 8:00 until 4:30 during the school year.

____ Peachtree Academy will be closed to share time with our families on the following days: New Year's Day, Good Friday at 3:00, Memorial Day, 4th of July, Labor Day, Thanksgiving and the day after, amount is due on holiday weeks.

____ Tuition includes all educational activities, a hot lunch, and a nutritious snack. Breakfast is available for an additional \$5 per week for ages 2 and up until 7:50am. Outside food is not permitted.

____ Please call Peachtree Academy by 9:30 a.m. if your child will not attend school that day. We kindly request that children not be brought during nap time from 11:00 a.m. - 2:00 p.m.

____ Please do not send in outside food, toys, candy or other unnecessary items from home.

____ Tuition is due weekly on Friday for the upcoming week. Late tuition payments will be charged \$10 on Monday, \$15 on Tuesday. **Enrollment will be terminated if an account is not current on Wednesday. If there is a balance on the account, even if your child is withdrawn; late fees will continue to be assessed until the account is paid in full.**

____ All collection and legal fees will be borne solely by the client.

____ Please notify the administrative staff in writing if your child will be absent for an entire week, Monday through Friday. You will receive two half weeks per enrollment year after 6 months of attendance. **A two-week written notice must be given for withdrawal of a student; otherwise, tuition will be due.**

____ I give my permission for my child's photograph to be used for newsletter and advertising purposes.

____ Children with a fever of 100 degrees or higher will be sent home. Children will not be admitted until fever free for 24 hours without the use of fever reducing medications.

____ During the school year please do not park under the awning in front of the building between 7:55-8:40am and 2:25-3:15pm. These are carline hours for our Pre-Kindergarten classes.

Parent signature _____ **Date** _____
Completed applications for enrollment must be returned with application and registration fees.



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



**PEACHTREE ACADEMY
EARLY CHILDHOOD
APPLICATION FOR ADMISSION**
www.peachtreeacademy.com

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

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

Student Information
Please attach a wallet size photo of your child

Covington Campus
14101 Hwy 278
Covington, GA 30014
678-729-9111

Child's name: _____ Enrollment date: _____

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

Child's name: _____ Enrollment date: _____

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

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: _____

E-mail address _____

Mother's name: _____ Work phone: _____

Occupation: _____ Cell Phone: _____

Employer and address: _____

E-mail address(es) _____

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, emergency contacts and:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Driver's License #</u>
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Physician: _____ **Phone:** _____ - _____ - _____
Physician address: _____

Does your child have a current form 3231 on file? _____, If not please provide within 10 days of your child's enrollment

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: _____

Please initial each line for acknowledgement

_____ 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 director@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 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.** Full tuition will be charged if withdrawal is not properly given.

_____ 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? _____ Does your child play with other children? _____
6. What are your child's favorite toys? _____
7. About what things does your child express the most curiosity? _____
8. List the names and ages of other children in your family home. _____

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

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

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

17. We would like to support your child's heritage and cultural identity at school. Are there any special traditions, celebrations or songs that are especially important to your family and your child? _____

18. How can we learn more about your heritage and culture? _____

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 _____