



PEACHTREE VIRTUAL LEARNING LAB

Ebenezer Campus
1760 Ebenezer Road
Conyers, GA 30094
770-860-8900 EXT 1012

Ellington Campus
1801 Ellington Road
Conyers, GA 30013
770-860-8900 EXT 101

Covington Campus
14101 Hwy 278
Covington, GA 30014
770-860-8900 EXT 4020

Office Use Only:	
Application Fee	\$30.00
Form 3300	<input type="checkbox"/>
Complete Application	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>
Report Card	<input type="checkbox"/>

2020-2021 Virtual Learning Program

❖ School In-Session

- Aftercare included: Kindergarten-8th 7:00 a.m.- 6:15 p.m. \$150.00 weekly
- School hours only: Kindergarten-8th 7:30 a.m.-2:30 p.m. \$115.00 weekly

❖ School Breaks/Camp

- Pre-Kindergarten & Kindergarten \$125.00 weekly
- 1st Grade through 5th Grade \$120.00 weekly
- 6th Grade through 8th Grade \$95.00 weekly

❖ Afterschool Enrichment*

- Public School (w/ Transportation) \$70.00 weekly
- Private School \$60.00 weekly

❖ Other*

- Teacher Work Days \$15.00 additional
- Early Release Days \$5.00 additional

Please circle the program that you are most interested in

Dates to Remember

September 7	Labor Day Holiday	Closed
October 12-16	Fall Break	See Pricing
November 3	Teacher Workday	\$15 additional
November 23-27	Thanksgiving Break	See Pricing
November 26	Thanksgiving Day	Closed
December 20	Early Release	\$5 additional
December 21-January 1	Christmas Break	See Pricing
December 25	Christmas Day	Closed

Peachtree Academy is open from January - December and tuition is averaged over the year. Therefore the same weekly amount is due on holiday weeks. *I fully understand the policies listed above. Further, I understand the stated fees are averaged over the year. No additional discounts will be available other than 2 half week credits. In order to maintain our high standards and teacher salaries, a two week written notice is required for withdrawal or change of schedule*

Parent Signature: _____ Date: _____

Child's name: _____ Enrollment date: _____

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

Child's name: _____ Enrollment date: _____

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

Fathers's name: _____ Employer: _____

Employer address: _____ Zip _____ Work phone _____

E-mail address _____ Cell phone _____

Home address _____ Zip _____

Home phone: _____

Mother's name: _____ Employer: _____

Employer address: _____ Zip _____ Work phone _____

E-mail address _____ Cell phone _____

Home address _____ Zip _____

Home phone: _____

Child's home address if different from above: _____ Zip _____

Parents: ____ Married ____ Single ____ Separated ____ Divorced Child lives with: _____

Are you interested in getting more information about your child's education at our K-12th grade private school? _____

Would you like to serve on a parent advisory committee? _____

My child(ren) will attend school at Peachtree: ____ Full time ____ Part time Times of attendance: _____

***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 Prep 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:

Name Address Telephone Driver's License #

Physician: _____ Phone: _____ - _____ - _____

Physician address: _____ Zip code _____

Please initial your acknowledgement:

____ We love our parents at Peachtree Academy and expect that **parents must be respectful to teachers and staff members at all times. For students to be successful, a strong relationship between parents, teachers, and the child must be maintained.**

I have read the Peachtree Prep Parent Handbook and agree to abide by all policies set forth. I will work with Peachtree to ensure the very best experience for my child. Comments and volunteers are always welcome. Additional information is available online at www.PeachtreeAcademy.com

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

VIRTUAL LEARNING LAB POLICIES

Please check each box for acknowledgment

Tuition includes all class/homework assistance, educational activities, a hot lunch, if applicable, and a nutritious snack. Outside food is not permitted.

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. Any student picked up after 6:30 will be charged \$1 per minute. After three occurrences, students will be dis-enrolled. Comfortable clothing should be worn. Tennis shoes are an excellent choice! Sandals must have backs on them. No flip flops permitted due to safety reasons.

If you sign up for a week of camp, then tuition is due. Daily rates are available for special occasions, space permitting. Parking is not allowed under the awning located in front of the schools – this is a fire lane.

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, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day.

Tuition may be paid monthly on the first of the month or weekly on Friday for the upcoming week. Late tuition payments will be charged \$10 on Monday, \$5 on Tuesday. **Enrollment will be terminated if an account is not current on Wednesday.** Any legal expenses will be borne by the client.

Please notify the administrative staff two weeks in advance in writing if you will be on vacation.

A two-week written notice must be given for changes in enrollment of a student, otherwise, tuition will be due.

I give my permission for my child's photograph to be used for advertising purposes. My child's name will not be listed with his/her picture.

As a private school, we reserve the right to dis-enroll any child from our program.

| You must provide a tablet or laptop and headphones for your child. Peachtree Academy is not responsible for the loss or damage of any items brought into the school.

Children with a fever of 100 degrees or higher will be sent home until fever-free for at least 48 hours.

| Children who have been exposed to anyone that has tested positive for covid-19 will have to stay home for 14 days or provide negative covid-19 test results.

You must bring all the curriculum materials needed to complete their school work.

Peachtree Academy Private School is accredited by the Southern Association of Colleges and Schools (SACS), therefore our program is not licensed. Our Virtual Learning Lab program is operated by an accredited private school and will operate under the exemption category for the Georgia Department of Early Care and Learning.

Student's name _____ Date of Birth _____

Address _____

Mom Name _____ Cell Number _____

Dad Name _____ Cell Number _____

Emergency Contact _____ Phone Number _____

What school does your child attend? _____

Current Grade Level _____ Reading Level _____ Math Level _____

Does your child have any speech delays? _____

Is your child currently on an IEP? _____ If yes, please provide us with a copy so we can be more helpful as coaches.

Are there any subjects that your student has a hard time understanding? _____

To help us understand any special needs, please tell us about them: _____

Peachtree Prep
Vehicle Emergency Medical Information / Transportation Agreement

Child's Name _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

Known Allergies _____

Current Medications _____

Special Needs/Conditions _____

Mother/Guardian Name _____ Father/Guardian Name _____

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

Mother's Work Address _____ Father's Work Address _____

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

Emergency Contact (1): Name _____ Home Phone _____

Address _____ Work Phone _____

Cell _____ Relationship to Family _____

Emergency Contact (2): Name _____ Home Phone _____

Address _____ Work Phone _____

Cell _____ Relationship to Family _____

Family Physician: Name _____ Phone _____

Peachtree Academy uses the following medical center: ***Piedmont Rockdale 1412 Milstead Ave NE, Conyers, GA 30012***

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 by 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.

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

Children will be provided seats with seat belts, unless they are on a school bus. 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 school (if applicable). 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.



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

For Official Use Only

Date Received
Employee Signature



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