

FRIENDSHIP CHRISTIAN SCHOOL

3160 Old Atlanta Road
Suwanee, GA 30024
6788450418

Pre-School Registration Form (2023-24)

Child's Name: _____ DOB: _____

Name Child Goes By: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Mother's Name: _____ Cell/Work: _____

Father's Name: _____ Cell/Work: _____

Mother's Email: _____

Father's Email: _____

We enroll children ages 2-5. All classes are assigned by the age of the child on September 1, 2023. FCS charges a yearly tuition rate that is paid in 10 equal payments from August 2023-May 2024.

Half-Day Classes (8:30 – 12:30)

_____ T/TH
_____ M/W/F
_____ M – F

10 Monthly Payments of:

_____ \$307.00
_____ \$382.00
_____ \$503.00

Please review and sign the back of this form to acknowledge your acceptance:

- *I have reviewed and signed the FCS "Policies" document on the back of this form**
- *Students in the 3-year-old program should be potty-trained by the start of school in August.**
- * FCS Preschool is exempt from Licensing in the state of Georgia.**

Emergency Contact if the Parents cannot be reached:

Name: _____ Phone: _____

Persons, other than parents, who are authorized to pick up your child from school (ID will be required):

Please list any **allergies** or food restrictions (anything your child is not allowed to eat):



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Preschool Policies 2023-2024

Please read and initial each item below:

____ There is a registration fee of \$225 due with the application. ***This fee is non-refundable.***

____ Tuition is paid in 10 equal monthly payments from August 1st-May 1st.

____ Student may be withdrawn from the program with a 30-day written notice through January 1, 2024.
Parents are responsible for all tuition due through the 30-day notice period.

____ ***After January 1, 2024, all tuition for the year must be paid, even in the event of withdrawal from the program.***

____ FCS uses the FACTS tuition management program to collect tuition. ***All families are required to register for FACTS.*** The cost is *approximately* \$45 per year for this service, payable directly to FACTS.

____ I agree to abide by all policies in the FCS Preschool Parent Handbook and the FCS Covid Policies and Procedures document.

____ I give permission for my student's photo to be used by the school for advertising and communication purposes. *Please write "No" on this line if you do not want your child's photo used by the school.*

____ Please list any medical conditions we need to be aware of. This includes physical, social, or emotional issues, *including any educational or psychological testing your child may have had done, and any services he/she currently receives.* Please indicate below if your child has ever been asked to leave another preschool program.

I have reviewed all the above listed policies of Friendship Christian Preschool. By signing below, I acknowledge, understand, and agree to abide by these policies for the 2023-24 school year.

Parent Signature

Date

