

FRIENDSHIP CHRISTIAN SCHOOL

3160 Old Atlanta Road
Suwanee, GA 30024
6788450418

Pre-School Registration Form (2026-27)

Child's Name: _____ DOB: _____

Name Child Goes By: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Mother's Name: _____ Cell/Work: _____

Mother's Email: _____

Father's Name: _____ Cell/Work: _____

Father's Email: _____

We enroll children ages 2-5, students must be 2 years of age by 9/01/26 into enroll. All classes are assigned by the age of the child on September 1, 2026.

FCS charges a yearly tuition rate that is paid in 10 equal payments from August 2026-May 2027.

Half-Day Classes (8:30 – 12:30)

_____ T/TH
_____ M/W/F
_____ M-TH or T-F (Circle your choice)
_____ M – F

10 Monthly Payments of:

_____ \$365.00
_____ \$450.00
_____ \$524.00
_____ \$597.00

Please read and sign below that you have read and agree to the following items:

- *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: _____

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



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Preschool Policies 2026-27

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-May.

____ Student may be withdrawn from the program with a 30-day written notice through January 1, 2027. Notice must be received on the first day of the month prior to the month of withdrawal. Parents are responsible for all tuition due through the 30-day notice period. ***Notice must be given by July 1, 2026, if your child is not attending our program, otherwise you will be responsible for the August tuition payment.***

____ ***After January 1, 2027, 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* \$65 per year for this service, payable directly to FACTS.

____ I agree to abide by all policies in the FCS Preschool Parent Handbook and all policies of the school.

____ I give permission for my student's photo to be used by the school for advertising and communication purposes. This includes posting our Christmas and Year-End programs on the school YouTube page.

____ 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 received, 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 of the above listed policies of Friendship Christian Preschool. By signing below, I acknowledge, understand, and agree to abide by these policies for the 2026-27 school year.

Parent Signature

Date

