

# FRIENDSHIP CHRISTIAN SCHOOL

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3160 Old Atlanta Road  
Suwanee, GA 30024  
6788450418

## Pre-School Registration Form (2024-25)

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. All classes are assigned by the age of the child on September 1, 2024. FCS charges a yearly tuition rate that is paid in 10 equal payments from August 2024-May 2025.*

### Half-Day Classes (8:30 – 12:30)

\_\_\_\_\_ T/TH  
\_\_\_\_\_ M/W/F  
\_\_\_\_\_ M – F

### 10 Monthly Payments of:

\_\_\_\_\_ \$322.00  
\_\_\_\_\_ \$401.00  
\_\_\_\_\_ \$528.00

**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 2024-25

*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\_\_\_\_ Student may be withdrawn from the program with a 30-day written notice through January 1, 2025. Parents are responsible for all tuition due through the 30-day notice period.

\_\_\_\_ ***After January 1, 2025, 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* \$55 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.

\_\_\_\_ 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 2024-25 school year.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

