



Full Day Preschool

5915 Zebulon Road, Macon, GA 31210

northwaychurch.net

478-476-1971

Child's Legal Name _____ Gender _____

Preferred Name _____ Date of Birth _____

Student's Age	Schedule	
Babies	Monday-Friday 8:00 - 3:00 _____ 8:00 - 4:30 _____	Summer (June & July) _____ Initial School Year (Aug - May) _____ Initial
Toddlers	<input type="checkbox"/> Monday - Friday 8:00 - 3:00 _____ 8:00 - 4:30 _____	Summer (June & July) _____ Initial School Year (Aug - May) _____ Initial
Twos	<input type="checkbox"/> Monday-Friday 8:00 - 3:00 _____ 8:00 - 4:30 _____	Summer (June & July) _____ Initial School Year (Aug - May) _____ Initial
Threes	<input type="checkbox"/> Monday-Friday 8:00 - 3:00 _____ 8:00 - 4:30 _____	Summer (June & July) _____ Initial School Year (Aug - May) _____ Initial
Fours	<input type="checkbox"/> Monday - Friday 8:00 - 3:00 _____ 8:00 - 4:30 _____	Summer (June & July) _____ Initial School Year (Aug - May) _____ Initial

A place is reserved for your child upon receipt of the completed application form and your registration fee equal to \$250 per school year. **The registration fee is a separate annual fee. It does not apply towards tuition.** The registration fee is non-refundable. All payments are to be made using the PushPay App unless other arrangements are made with the director. Tuition is due by the first of each month. Withdrawal without one month's notice will result in a \$250 fee. There will be \$250 fee for any change of days or hours after this form is processed. *Students must be of class age on or before September 1st.

Child Resides with: Both Parents _____ Father _____ Mother _____ Guardian _____
Siblings: Names _____ Ages _____
Child's Address (Street) _____
City _____ State _____ Zip _____

Father's Name _____ Home Phone Number _____
Father's Email Address _____ Cell Phone Number _____
Father's Home Address (if different from child's) Street _____
City _____ State _____ Zip _____
Father's Place of Employment _____ Father's Work # _____
Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____
Mother's Email Address _____ Cell Phone Number _____
Mother's Home Address (if different from child's) Street _____
City _____ State _____ Zip _____
Mother's Place of Employment _____ Mother's Work # _____
Employer's Street Address _____ City _____ State _____ Zip _____

Has your child ever attended preschool before? Yes _____ No _____
If so, where? _____ How long? _____

Please share your reasons for enrolling your child in this preschool:

Does your family attend church regularly? Yes _____ No _____
If yes, name of church _____

My child speaks the following primary language _____
My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at school. _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Does your child have a current Certificate of Immunization? Yes _____ No _____

A copy of this form must be submitted to Northway Preschool before the child can attend school.
Your Pediatrician can fax it to 478-476-0959.

Emergency Medical Information

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Northway Preschool and the
preschool is unable to contact me (us) immediately, it shall be authorized to
secure such medical attention and care for the child as may be necessary. I (We)
shall assume responsibility for payment of services.

Parent/Guardian Name: _____

Signature _____

Date: _____

Facility Administrator/Person-In-Charge Name _____

Facility Administrator/Person-In-Charge Signature _____

Date: _____

Persons to contact in the case of emergency when parent or guardian cannot be
reached:

***Name:** _____ **Address** _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Email Address: _____

Other identifying information (if any) _____

***Name:** _____ **Address** _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Email Address: _____

Other identifying information (if any) _____

***Name:** _____ **Address** _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Email Address: _____

Other identifying information (if any) _____

Doctor's Name _____ **Telephone Number** _____

Student Release

The child may be released to the person(s) signing this agreement or to the following.

*Name: _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Email Address _____
Other identifying information (if any) _____

*Name: _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Email Address: _____
Other identifying information (if any) _____

*Name: _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Email Address _____
Other identifying information (if any) _____

*Name: _____ Address _____
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Email Address: _____
Other identifying information (if any) _____

I understand and agree that when the above listed person(s) pick up my child at the end of the school day, Northway Church is no longer responsible for my child, even if the person I have authorized to pick up my child is an employee of Northway Church.

Hold Harmless

In the event of an emergency Northway Church, its employees, its supervisors, and its agents (collectively, "Northway Church") will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for Northway Church to obtain emergency medical attention in case of sickness or injury to my child.

In consideration for Northway Weekday Preschool allowing my child to participate in programs offered by and through Northway Church, I hereby release, absolve, agree to indemnify, agree to hold harmless, and forever discharge Northway Church from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or relating to or damage to my child as a result of emergency medical decisions made, in good faith, by Northway Church.

I agree that any dispute, claim, questions, or disagreement arising out of or relating to said participation in the Weekday Preschool, which cannot be otherwise resolved, shall be submitted to mediation and if necessary legally binding arbitration as adopted by Northway Church. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law, except that judgement upon any award rendered by an arbitrator may be entered in any court having jurisdiction thereof.

I give permission for Northway Preschool to take pictures of my child to be used in a variety of ways such as art work, class projects, bulletin boards, brochures and publications, including newspaper or magazine articles. I also give permission for my child's name to be published on a class roster to be distributed to the class, if requested.

By signing below, I have read and agree to the school policies furnished to me with this application. I also understand that Northway Preschool is a licensed childcare learning center.

NORTHWAY WEEKDAY PRESCHOOL ADMITS STUDENTS OF ANY RACE, COLOR,
RELIGION, GENDER OR NATIONAL ORIGIN

Signature_____Date_____ (Infant)

Signature_____Date_____ (Toddler)

Signature_____Date_____ (2K)

Signature_____Date_____ (3K)

Signature_____Date_____ (4K)

Early Registration Volunteer Hours

Date Completed	Teacher Signature	Registration Deposit	Updated Form

Altering schedule without occurring a Change of Schedule fee must be done by our Annual Registration Day.