



5915 Zebulon Road, Macon, GA 31210  
 northwaychurch.net  
 478-476-1971

Child's Legal Name \_\_\_\_\_ Gender \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Half Day Preschool 8:30 a.m. - 12:15 p.m.

A place is reserved for your child upon receipt of the completed application form and your registration fee equal to \$200 per school year. **The registration fee is a separate fee and 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 \$50 charge. \*Students must be of class age on or before September 1st.

STUDENT'S AGE	SCHEDULE	TUITION COSTS AUGUST 2022 - MAY 2023
Babies	<input type="checkbox"/> Tuesday - Thursday <input type="checkbox"/> Monday-Wednesday-Friday <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Early Drop-Off	<b>Five Mornings per week is \$250 per month for Babies. Registration Fee \$200.</b>  <b>Three Mornings per week is \$210 per month for Babies. Registration Fee \$200.</b>
Toddlers	<input type="checkbox"/> Tuesday - Thursday <input type="checkbox"/> Monday-Wednesday-Friday <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Early Drop-Off	<b>Two Mornings per week is \$180 per month for Babies. Registration Fee \$200</b>
TWO'S 2 - DAY 3 - DAY 5 - DAY	<input type="checkbox"/> Tuesday - Thursday <input type="checkbox"/> Monday-Wednesday-Friday <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Early Drop-Off	<b>Toddlers - 4K</b> <b>Five Morning per week is \$235 per Month. Registration Fee \$200.</b>  <b>Three Mornings per week is \$195 per Month. Registration Fee \$200</b>
THREE'S 2 - DAY 3 - DAY 5 - DAY	<input type="checkbox"/> Tuesday - Thursday <input type="checkbox"/> Monday-Wednesday-Friday <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Early Drop-Off	<b>Two Mornings per week is \$170 per month. Registration Fee \$200.</b>
FOUR'S 5 - DAY	<input type="checkbox"/> Monday - Friday <input type="checkbox"/> Early Drop-Off	<b>Early Drop off is \$75 per month.</b>

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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