

Covenant Preschool & Children's Day Out

3131 Walton Way at Aumond Road Augusta, GA 30909 (706) 733-8102
jboocock@covenantaugusta.org

Application for Admission 2019-20

Date: _____

Birth Date: ____/____/____
Age as of Sept. 1, 2019: ____yrs. ____mo.

Student's Name: _____ Sex _____
Last First Middle Name to be called

Mother's/Guardian's Name: _____ E-mail address _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Name of employer/company _____

Bus. Phone _____ Cell and/or Home Phone _____

Father's/Guardian's Name: _____ E-mail address _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Name of employer/company _____

Bus. Phone _____ Cell and/or Home Phone _____

Student lives with: Both parents _____ Mother _____ Father _____ Other (please specify) _____

Additional emergency contact:

Name, phone # & relationship _____

Person(s) authorized to pick up your child besides yourself & spouse:

Name	Phone and e-mail	Relationship
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Class applying for:

(Please circle class and days)

Kindergarten (must be 5 yrs. old before 9/1) **Monday through Friday**

PK-4 (must be 4 yrs. old before 9/1)

Choose Tues., Wed., Thurs. or Mondays - Fridays

PK-3 (must be 3 yrs. old before 9/1)

Choose Tues., Wed., Thurs., or Mondays - Fridays

Big Tots (must be 2 yrs. old before 9/1)

Choose two to five days – Mon., Tues., Wed., Thurs., and/or Fri.

*must have two yr. old birthday before attending this class and must be two before 9/1)

Tiny Tots (must be 11 - 24 mo. before 9/1)

Choose one or two – Mon., Tues., Wed., Thurs. and/or Fri.

Babies (must be at least 3 mo. old before 9/1)

Choose one or two – Mon., Tues., Wed., Thurs. and/or Fri.

For Office use only:

Date enrolled _____ Amount paid _____ Check # _____ Cash _____ Registration fee _____ Tuition _____ Siblings _____

Student's Health History:

Physician or Pediatrician _____ Date of last physical exam (mo/yr) _____

Are all immunizations up to date? Yes ___ No ___ (Please turn in Certificate of Immunization form #3231)

Is your child adopted? _____ If yes, has this been explained? _____

Does your child have allergies _____ If yes, what are they and how severe? _____

Does your child wear glasses, hearing aids, or use motor aids? _____

To best serve your child, we need to know of any health problems, hyperactivity disorder, emotional problems, autism, or special needs? If any of these apply, please elaborate: _____

No medication, medical treatment, or medical monitoring will be administered at school by any Covenant Preschool employees. An Epi-Pen may be administered in life threatening cases if provided by the parent.

I release Covenant Preschool from liability due to accident or injury at school and I authorize the school to contact 911 or have my child transported to _____ Hospital if deemed necessary. Parent signature _____ Date _____

General information

List other children in your family:

_____	Age _____	School (if any) _____
_____	Age _____	School (if any) _____
_____	Age _____	School (if any) _____
_____	Age _____	School (if any) _____

How did you learn about Covenant Preschool? _____

Please share with us your place of worship: _____

Please list other preschools/daycares previously attended: _____ Dates: _____

Advertising:

I hereby give permission for Covenant Preschool to use my child's picture in advertisements and/or brochures for the school. Yes ___ No ___

Parent/Guardian signature _____ Date _____

For applicants received by Sept.30th:

I hereby give permission for my child to be listed in the school directory. Yes ___ No ___

*Please note that our school directory is to be used for communication among our school families and staff only and are not to be shared or sold to outside sources. Information within the directory includes: child's name, parent's name(s), address, home phone #, & one e-mail contact.

If you chose yes, how do you want to be listed:

Parent/Guardian(s) name(s) _____ Address: _____
Street number and name City State zip code

Phone #: _____ One email address: _____

Students are admitted based on classroom space availability, without regard to race, religion, and national or ethnic origin.

All information on this application has been answered honestly, fully, and to the best of my knowledge.

Parent/Guardian signature _____ Date _____

Covenant Preschool Classes & Fees

2019-20 Fees

Registration fee:

An annual non-refundable registration fee must be paid at the time of enrollment. This fee equals the same amount as one month's tuition but and is a separate fee from the monthly tuition.

Tuition:

There are 10 tuition payments for the school year with August and May splitting one month between the two. Fees are based on the annual cost divided into equal payments so fees remain the same each month. Tuition is not reduced due to absences or inclement weather.

The first payment for the 2019/20 school year will be due on August 1st and should be paid within the month. All other monthly tuitions are due the first of each month September - May and will have a two-week grace period at the beginning of each month in which to pay. Payments can be through our Brightwheel app, mailed or personally delivered to the school. Parents wanting to pay for the entire year will receive a 5% discount on the tuition if paid within the first week of September. Families with more than one child enrolled will receive a \$5/monthly tuition reduction on the sibling's tuition.

Curriculum fees: There is an annual \$100 curriculum fee for Kindergarten and a \$45 fee for PK-4 & PK-3 classes due in September.

Monthly cost / Annual tuition cost including reg. fee

Preschool

Kindergarten (all days)	\$200	\$2,000
PK-4		
3 days/wkly (T, W, Th)	\$165	\$1,650
5 days/wkly	\$200	\$2,000
PK-3		
3 days/wkly (T, W, Th)	\$165	\$1,650
5 days/wkly	\$200	\$2,000

Children's Day Out

1 day/wkly	\$70	\$700
2 days/wkly	\$125	\$1,250
3 days/wkly	\$165	\$1,650
4 days/wkly	\$180	\$1,800
5 days/wkly	\$200	\$2,000

Tuition statements are sent monthly via Brightwheel. Checks should be made out to **Covenant Preschool** and sent to school in your child's lunch box, folder, or diaper bag or placed in the drop box on the Preschool office door. For your protection, cash payments should be made in person in the Preschool office.

Withdrawals and late fees:

- A one-month advance notice must be made for any withdrawals during the school year. Payment for the last month whether your child attends or not will be expected.
- There is a \$5.00 late fee for tuition received after the 15th of each month and a \$20 service fee for any check returned by the bank. Unpaid tuition beyond one month will result in the student being dropped from our roll until all fees are brought up to date.