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 kingswood.church/preschool • mwicklund@kingswood.church

2021-2022 Registration Form

Child's Full Name _____ Name used _____ Date of birth _____ M/F _____

Address _____ City _____ Zip _____ County _____

Father's Name _____

Mother's Name _____

Cell phone _____

Cell phone _____

Employer _____

Employer _____

Email _____

Email _____

Church Affiliation _____

Local Public Elementary School _____

Does child live with both parents? Yes _____ No _____ If no, with whom does child live? _____

Names and ages of siblings _____

Yg. 5's or Pre-Kindergarten ONLY: Will you be applying for the state Pre-K lottery? Yes _____ No _____ School _____

Please list your previous school experience _____

Has your child received services from Babies Can't Wait, DeKalb, Fulton, Cobb, or Gwinnett County Schools, or any private therapist for speech, PT, OT, or behavior? Yes _____ No _____ (if "yes" please explain) _____

Language(s) spoken in the home 1st _____ 2nd _____

How did you hear about TKPS? _____ Have you ever attended a TKPS tour before? Yes _____ No _____

PLEASE CHECK THE CLASS FOR WHICH YOU ARE REGISTERING: Indicate second choice with a "2" if applicable.

	Class	Days	Age requirement	9 Tuition payments	Annual tuition
	Kindergarten	Monday-Friday	5 years by 9/1/21	\$410	\$3690
	Young 5's	Monday - Friday	5 years by 12/31/21	\$360	\$3240
	Pre-Kindergarten	Monday - Friday	4 years by 9/1/21	\$360	\$3240
	5 Day Young 4's	Monday - Friday	4 years by 12/31/21	\$360	\$3240
	5 Day 3's	Monday - Friday	3 years by 9/1/21	\$360	\$3240
	4 Day 3's	Monday - Thursday	3 years by 9/1/21	\$330	\$2970
	3 Day 3's	Monday, Wednesday, Friday	3 years by 9/1/21	\$300	\$2700
	3 Day Young 3's	Monday, Wednesday, Friday	3 years by 12/31/21	\$300	\$2700
	3 Day 2's	Monday, Wednesday, Friday	2 years by 9/1/21	\$300	\$2700
	2 Day 2's	Tuesday, Thursday	2 years by 9/1/21	\$250	\$2250
	2 Day Young 2's	Tuesday, Thursday	18 months by 9/1/21	\$250	\$2250

Medical and Allergy information

Please list any special medical/physical /dietary conditions your child has: _____

Please list any allergies your child has: _____

What is the allergic reaction and treatment? _____

Please list any medications your child takes on a regular basis: _____

MEDICAL AUTHORIZATION: In case of an accident or emergency on the school grounds or during any school activity involving my child, _____, which, in the opinion of school authorities present, requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or Emergency Medical Technicians for treatment and/or transport of my child to the hospital if it is deemed necessary.

Parent/Guardian Signature _____ **Date** _____

Media Information

MEDIA RELEASE: Oftentimes, the staff take photographs that are used for various projects. The Kingswood School does not use these pictures for promotional purposes. Photos of classroom activities, projects, visitors, and special events are shared with class members on the members-only portion of a classroom photo share site which is accessible only to members of The Kingswood School who have been invited. At times photographs are used on sites such as Instagram and Facebook.

By signing below, I give consent for TKS to use images of my child for the purposes listed above.

Parent/Guardian Signature _____ **Date** _____

Financial Policies

By signing below, I acknowledge that I have read and agree to abide by all TKPS Financial policies. The Preschool tuition policy is based on a child's commitment to one full school year. Tuition payments are divided into nine (9) equal installments payable monthly beginning May 1st. All payments are non-refundable and non-transferable. Further details are included in the full financial policy.

Parent/Guardian Signature _____ **Date** _____

Terms and Conditions

- All payments are nonrefundable and nontransferable. I understand the nonrefundable/nontransferable registration fee of \$125 is due with this form.
- Nonrefundable/ nontransferable tuition payments are divided into nine equal installments payable monthly beginning May 1st.
- A degree of independence is expected with our Two's classes. Children enrolled in our program should be able to feed themselves, drink from a cup and be able to successfully separate from parents within a reasonable time frame.
- All children in the Young 4's- Kindergarten must be completely toilet trained.
- Toilet training for the Threes is expected to be almost complete at the beginning of school with very little accidents occurring.
- Any class that does not meet the minimum enrollment requirements following registration is subject to cancellation.
- The school reserves the right to withdraw a child should it become necessary for reasons regarding behavior, emotional disturbances, health and/or if we determine the child's educational needs cannot be met by our school.
- By signing below, I agree to abide by all policies and procedures as well as periodic revisions to the policies and procedures as set forth by TKPS in its Parent Handbook as well as through other means of communications.
- I understand The Kingswood Preschool is exempt from state licensing due to its hours of operation.
- The Kingswood Preschool may not be able to meet the special needs of every child.

Parent/Guardian Signature _____ **Date** _____

Office Use only \$125: 1st child \$100 sibling sibling		Kingswood Church Members only - \$60 - 1st Child \$50 -	
Received by _____	Date _____	Amount \$ _____	Cash / Check # _____
Entered _____	Class list _____	wait list _____	