



Please note that Friday is the additional day if you wish to have 3 days for infants/ones

## ENROLLMENT FORM

**Class Placement**

**Check One**

- 2 Days
- 3 Days
- 5 Days

**School Term:** 2026-2027

Age as of Sept 1, 2026 \_\_\_\_\_

My child is...(check one) Potty trained  Working on it  In diapers

### Student's Information

Student's Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a First Presbyterian member? Are you military? How'd you hear about us? \_\_\_\_\_

### Primary Family Information

Address Line 1: \_\_\_\_\_  
Street Apt. #

Address Line 2: \_\_\_\_\_  
City State Zip Code County

### Parent Information

Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact  Allowed to pick up child

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Parent Information

Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact  Allowed to pick up child

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Pickup Information (People authorized to pick up children from school other than parents)**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contacts (other than parents)**

**1st Choice** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

**2nd Choice** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

**3rd Choice** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Medical Contacts**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

I understand that this program is not a licensed childcare facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

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

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

**For Office Use Only**

Reg. Fee Date: \_\_\_\_\_

Entrance \_\_\_\_\_ Date

Check #: \_\_\_\_\_ Amt.: \_\_\_\_\_

Withdrawal \_\_\_\_\_ Date