



**2550 Sewell Mill Road**  
**Marietta, GA 30062 - Phone (770) 971-3746, Fax (770)971-0626**  
**2019 - 2020 REGISTRATION FORM**  
**www.sewellmillchristianschool.org**

CHILD'S NAME \_\_\_\_\_ NAME CHILD IS CALLED \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ CARPOOLING WITH? \_\_\_\_\_ AGE AS OF SEPT. 1ST \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ MALE OR FEMALE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOM'S NAME,CELL PHONE(PLEASE PRINT) \_\_\_\_\_

DAD'S NAME,CELL PHONE(PLEASE PRINT) \_\_\_\_\_

**UP-TO-DATE IMMUNIZATION RECORDS MUST BE IN OUR SCHOOL FILES BEFORE THE CHILD ENTERS SCHOOL.**

**I WOULD LIKE TO ENROLL MY CHILD IN THE FOLLOWING CLASS:**

_____ 1 YR/2 DAY (M, W)	9:00 - 1:00	REG. FEE \$100	TUITION MONTHLY \$200
(One year olds must be walking)			
_____ 1YR/2 DAY (T,TH)	9:00 - 1:00	REG. FEE \$100	TUITION MONTHLY \$200
_____ 2YR/2DAY(M,W)	9:00 - 1:00	REG. FEE \$100	TUITION MONTHLY \$200
_____ 2 YR/3 DAY (M,W,TH)	9:00 - 1:00	REG. FEE \$120	TUITION MONTHLY \$235
_____ 3 YR/ 3 DAY (M,W,TH)-ABEKA	9:00 - 1:00	REG. FEE \$155	TUITION MONTHLY \$235
_____ 3 YR/5 DAY (M-F) - ABEKA	9:00 - 1:00	REG. FEE \$180	TUITION MONTHLY \$290
(All three year olds must be potty trained.)			
_____ 4 YR/4 DAY PRE-K (M, T,W,TH) ABEKA	9:00 - 1:00	REG. FEE \$160	TUITION MONTHLY \$255
_____ 4 YR/5 DAY PRE-K (M-F) - ABEKA	9:00 - 1:00	REG. FEE \$185	TUITION MONTHLY \$290

**NOTES: REGISTRATION FEES ARE NON-REFUNDABLE.** Tuition is due on the 1st of each month and is late after the 10th of the month. Annual tuition is divided over **10** equal payments with the first payment due August 1st. A \$20 late charge will be added to the tuition after the 10th. A monthly \$20.00 discount is given to parents with more than one child attending. We try to provide for a normal range of learning differences but are unable to offer special instruction for significant learning needs of students. We reserve the right to dismiss a child that does not adjust to our classroom program. A thirty-day written notice is required if you withdraw your child from school. Tuition will be charged for one month beginning on the date of receipt of the written notice. Having read this form I hereby agree to the policy and procedures described above.

\_\_\_\_\_  
 (Parent's Name-Please Print) Date \_\_\_\_\_  
(Parent's Signature)

Registration Paid: \_\_\_\_\_  
(Amount) (Ck. #) (Cash) (By)

**MAKE CHECK PAYABLE TO SEWELL MILL BAPTIST CHURCH**

# SEWELL MILL CHRISTIAN SCHOOL INFORMATION FORM

## MOTHER

NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

## FATHER

NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PARENTS ARE : MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED \_\_\_\_\_

CHILD'S LIVING ARRANGEMENTS ( ) BOTH PARENTS ( ) MOTHER ( ) FATHER

## BROTHERS AND SISTERS:

NAME

DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_

PLEASE LIST ANY OTHER MEMBERS OF YOUR PRESENT HOUSEHOLD (OTHER RELATIVES, ROOMERS, MAID, ETC.) \_\_\_\_\_  
\_\_\_\_\_

DO YOU ATTEND CHURCH? \_\_\_\_\_  
WHERE \_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANYTHING? \_\_\_\_\_ IF SO, HOW DOES IT AFFECT HIM? \_\_\_\_\_

WHAT SERIOUS ILLNESSES OR INJURIES, IF ANY, HAS YOUR CHILD HAD? PLEASE GIVE DATES. \_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD HAVE:**

ANY PARTICULAR FEARS? \_\_\_\_\_

BEHAVIORS SUCH AS NAIL BITING, TANTRUMS, ETC \_\_\_\_\_  
\_\_\_\_\_

WHICH HAND DOES YOUR CHILD PREFER WHEN CUTTING OR COLORING? \_\_\_\_\_

FAVORITE PLAY ACTIVITIES (TOYS, GAMES, OUTSIDE PLAY, ETC.) \_\_\_\_\_  
\_\_\_\_\_

WHAT ARE THE AGES AND SEXES OF YOUR CHILD'S USUAL PLAYMATES? \_\_\_\_\_  
\_\_\_\_\_

ANY PETS AT HOME? (PLEASE INCLUDE NAMES) \_\_\_\_\_

HAS YOUR CHILD HAD ANY PRESCHOOL EXPERIENCE? \_\_\_\_\_ IF SO, WHERE?  
\_\_\_\_\_

IS THERE ANYTHING ELSE ABOUT YOUR CHILD WE SHOULD KNOW? \_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU EXPECT FOR YOUR CHILD FROM HIS PRESCHOOL EXPERIENCE?  
\_\_\_\_\_

# SEWELL MILL CHRISTIAN SCHOOL INFORMATION FORM

IN CASE OF EMERGENCY IF PARENT CAN NOT BE REACHED PLEASE CONTACT:

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP TO CHILD</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MY CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR THE FOLLOWING:

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

RELATIONSHIP TO PARENTS(S) OR GUARDIAN \_\_\_\_\_

OTHER IDENTIFYING INFORMATION (IF ANY) \_\_\_\_\_

MY CHILD MAY **NOT** BE RELEASED TO THE FOLLOWING PERSON(S) \_\_\_\_\_

\_\_\_\_\_

## NOTICE OF EXEMPTION

I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensing requirements.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE