



Peachtree Road Lutheran Preschool

3686 Peachtree Road
Atlanta, Georgia 30319
Phone-404.233.1658, Fax-404.233.1110
directors@peachtreeroadlutheranpreschool.com

Dear Preschool Families,

Enclosed in the 2010-2011 school year enrollment packet are the following documents:

- **Enrollment Agreement**
- **Transportation Information & Medical Emergency Contact Form**
- **Financial Contract**
- **Photograph/Video Waiver**
- **Tuition and Fees**
- **Supply List**

Please fill out the forms completely in **bold** letters to the Open House on August 6th from 10-12 noon or on your child's first day of class (August 9th or 10th). If your child is in the Infant room, you will need to fill out the Infant Feeding Plan. Please check with the Infant room teachers.

If we do not already have a current immunization record (3231) on file, please bring or fax the record no later than the first day of school. The health department monitors these records so it is essential that you have one with you on your child's first day of attendance. You can have your doctor's office fax us a copy to 404-233-1110 or email it to us at directors@peachtreeroadlutheranpreschool.com. If you have any questions, please feel free to call us or stop by the office.

We are so very excited about the upcoming 2010-2011 school year! We feel so blessed to have you as a part of our school family! ☺



**Peachtree Road Lutheran Preschool
School Calendar
2010-2011**

August 2010		
4-6	Teacher Training & Planning Days	No School
6	Open House 10:00 am-12:00 nn	All Invited
9	First Day of School	Monday/Wednesday/Friday
10	First Day of School	Tuesday/Thursday
23	Parent Meeting 9am at the Library	All Invited

September 2010		
6	Labor Day	No School
16 -17	Muffins with Mom, 2pm	Seekers - Trailblazers
17	Muffins with Mom, 2pm	Pioneers
19	Teacher Blessing - Sanctuary Back to School Sunday at 11am	All Invited Children Sing!
24	In- House Fieldtrip	All Classes

October 2010		
4 - 8	Fall Pictures by Muddy Faces	All Classes
11	Teacher Training & Planning	No School
22	United Nations Day Parade & In House Fieldtrip	All Classes
23	Effective Parenting Seminar 9 -11 AM, Fellowship Hall	All Invited
28,29	Halloween Parties, 2pm	Seekers - Trailblazers
29	Halloween Party, 2pm	Pioneers

November 2010		
11	Fall Conferences 8-12 NN/Staff Meeting	No School/Veterans Day
19	Thanksgiving Program at 10:30 am in the chapel (Explorers - Pioneers classes)	All Invited
23	In House Fieldtrip	All Classes
24, 25, 26	Thanksgiving Holiday	No School
30	Santa Pictures by Happy Faces	All Classes

December 2010		
5	Children Sing at Church, 10:30 am	All Families Invited
10	Christmas Program, Family Potluck, Living Nativity at 5:30pm (Voyagers - Pioneers classes)	All Families and Friends are Invited
20,21	Christmas Parties, 2pm	Seekers - Trailblazers
21	Christmas Party, 2pm	Pioneers
Dec. 22 - Jan. 2	Christmas Holiday	No School
January 2011		
3	Students Return	All Classes
17	Martin Luther King, Jr. Day	No School

February 2011		
8	In-House Registration for 20011-2012 begins at 8am	Current Families
14,15	Valentine Parties, 2pm	Seekers - Trailblazers
15	Valentine Party, 2pm	Pioneers
28	Open Registration Begins at 9am	Outside Families

March 2011		
10,11	Donuts with Dad, 2pm	Seekers - Trailblazers
11	Donuts with Dad, 2pm	Pioneers
	Summer Registration Begins	All Families

April 2011		
4-8	Spring Break	No School
11-15	Spring Pictures	All Classes
22	Good Friday	No School
29	Spring Fling & Picnic	Explorers - Pioneers

May 2011		
2-6	Teacher Appreciation Week	All Classes
6, 7	Muffins with Mom, 2pm	Seekers - Trailblazers
7	Muffins with Mom, 2pm	Pioneers
13	Parent/Teacher Conferences/Staff Meeting	No School
24,25	Last Day of School END OF THE YEAR CELEBRATION	Seekers - Trailblazers
26-27	Teacher Planning/Workdays	No School

30	Memorial Day	No School
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SUMMER PROGRAMS: June - July 2011		
May 31- June 3	Splash into Summer!	All Classes
6-10	Green Thumb!	All Classes
13-17	World Party	All Classes
20-24	Ready Set Go!	All Classes
27-July 1	Vacation Bible School	All Classes
5- 8	Red White & Blue	All Classes
4	4th of July Holiday	No School

July 2011		
11-15	Little Chefs	All Classes
18 - 22	Sensational Scientist	All Classes
25 - 29	The Big Blue Sea	All Classes
August 1-3		
August 4	Teacher Training/Planning	No School
August 5	Open House	10 am - 12 nn
August 8	School Year 2011 -2012 Begins	All Classes

*****Bold days reflect days when the preschool is CLOSED.*****

The preschool follows the Atlanta City Schools regarding weather or any other related school closings. Should the school district unexpectedly close for any reason, at anytime, the preschool will also close. We will **NOT** call you, but will place a message on the voice mail at the school. Be sure to listen to radio and TV for closing information.



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TUITION & FEES 2010-2011

Inquisitors (age 8 weeks~10 months)

Preschool Program	Full Day Program
8:00am - 2:30pm	7:30am - 6:00pm
2 day- \$430/month	2 day- \$540/month
3 day- \$580/month	3 day- \$740/month
5 day- \$850/month	5 day- \$1,060/month

Seekers (10~16 months) & Travelers (17~23 months)

8:00am - 2:30pm	7:30am - 6:00pm
2 day- \$405.00/month	2 day- \$510.00/month
3 day- \$555.00/month	3 day- \$710.00/month
5 day- \$825.00/month	5 day- \$1,030.00/month

Explorers (24~35 months) & Adventurers (24~35 months)

8:00am - 2:30pm	7:30am - 6:00pm
2 day- \$395.00/month	2 day- \$490.00/month
3 day- \$545.00/month	3 day- \$675.00/month
5 day- \$805.00/month	5 day- \$970.00/month

Voyagers (36~47 months) & Trailblazers (36~47months)

8:00am - 2:30pm	7:30am - 6:00pm
2 day- \$380.00/month	2 day- \$465.00/month
3 day- \$535.00/month	3 day- \$640.00/month
5 day- \$780.00/month	5 day- \$910.00/month

Pioneers (age 4 by September 1st)

The Pioneer class is Mondays through Fridays from 8:00 a.m. to 2:30 p.m.
All children must arrive no later than 8:30am.
Tuition for the class will be \$705 a month.

Afterschool Fees

\$175.00 - 5 days/week
\$150.00 - 3 days/week
\$125.00 - 2 days/week

The Meal Fee, for all programs, is \$60 each month.
Enrichment programs, including languages, music, dance, and Playball are available for all ages.

Payment is due on the 1st of each month no matter what day of the week that may fall. This includes holidays, Christmas/Spring Break, or weekends. A \$50 late fee will be charged to accounts that are paid late. No exceptions.

Name of Child: _____
Class: _____

Development in Early Childhood

Comment on the health of the mother during pregnancy. _____
Comment on the health of your child during delivery and infancy. _____

When did your child walk? _____ When did your child talk? _____
Is your child adopted? _____ Does he/she know it? _____
Does your child have bladder control? _____ Child's terminology? _____
Does your child have bowel control? _____ Child's terminology? _____
Does your child need help when going to the bathroom? _____
Does your child need reminding about going to the bathroom? _____
Does your child usually take a nap? _____ At what time? _____

Describe any special needs, handicaps, or health problems. _____

Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech? _____

III. Eating Habits

What is your child's general attitude toward eating? _____
What foods does your child especially like? _____
For which meal is your child most hungry? _____
Does the child feed himself/herself entirely? _____
Does your child dislike any food in particular? _____
Is your child on a special diet? _____
Does your child take a bottle? _____
Does your child eat or chew thing that are not food? Explain. _____

Do you have nay concerns about your child's eating habits? Explain. _____

Is there any food your child should not eat for medical, religious, or personal reasons?

Play and Social Experiences

Has your child participated in any group experiences? _____
Where? _____
Did your child enjoy it? _____
Do other playmates visit the child? _____
Does your child visit other playmates in their homes? _____
How does your child related to other children? _____
Does your child prefer to play alone? _____ With other children? _____

Does your child worry a lot or is he/she very afraid of anything? _____

What causes worry or fear? _____

Does your child have any imaginary playmates? _____ Explain.

Does your child have any pets? _____

What are your child's favorite toys and /or activities? _____

What is your child's favorite TV program? _____

How long does your child watch TV each day? _____

What are your child's favorite books? _____

How many times a week is your child read to? _____

Is there anything else about child's play or playmates which the school should know?

Discipline

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? _____

What concerns do you presently have about your child? _____

How are these concerns dealt with? _____

Parent's Impression and Attitudes

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of family members, divorce)?

How would you describe your child at the present time? What changes have you seen in your child during the past year? _____

Does your child have any behavior characteristics which you hope will change? Please describe. _____

In what ways would you like to see your child develop during the school year?

Signature(s) of person(s) filling out this questionnaire



**Peachtree Road Lutheran Preschool
Enrollment Agreement, 2010-2011**

Please circle the following Programs for your child:

Monday-Friday Monday/Wednesday/Friday Tuesday/Thursday
Preschool Program (8:00am – 2:30pm) Full Day Program (7:30am – 6:00pm)

Child's Name: _____ Birth Date: _____	
Nickname: _____ Social Security #: _____	
Age: _____ Sex: _____ Home Church: _____	
Mother's Full Name: _____ Home Phone: () _____ Address: _____ Social Security #: _____ City: _____ State: ___ Zip Code: _____ Employer: _____ Occupation: _____ Work Hours _____ Work Phone: () _____ ext. _____ Cell Phone: () _____ Business Address: _____ City: _____ Driver's License # _____ Email: _____	Father's Full Name: _____ Home Phone: () _____ Address: _____ Social Security #: _____ City: _____ State: ___ Zip Code: _____ Employer: _____ Occupation: _____ Work Hours _____ Work Phone: () _____ ext. _____ Cell Phone: () _____ Business Address: _____ City: _____ Driver's License # _____ Email: _____

Parent/Guardian with legal custody : _____
 Parents living arrangement: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___
 Names and Ages of Siblings: _____
 All others living in your home & relationship: _____
 Language/s spoken at home: _____

Parental Agreement

The following people can be reached in case of emergency and have my permission to pick-up my child. Each has been advised that a picture ID will be checked when they arrive.

*****Must have at least one person listed. Please fill up completely.*****

Name	Address	Telephone	Relationship
_____	_____	_____	_____

Physician to be contacted when parents cannot be reached:

Name: _____ Address: _____ Phone: _____

Initials:

- _____ I agree to pay the monthly fee of \$_____ payable on or before the 1st. If not paid by noon on the 2nd, I will include a late fee of \$ 50.00.
- _____ I understand that children who choose to eat prepared meals must pay the meal fee of \$60.00 per month. This fee includes breakfast, lunch, and snack.
- _____ I understand that my child(ren) must be here by 9:00am each day. Pioneers (Pre-K) must be here by 8:30am.
- _____ My child will not be allowed to enter or leave the facility without being properly escorted by an adult authorized to pick-up.
- _____ Transportation for field trips is with written parental permission. In case of emergency, I give permission for my child to be transported to Children's Healthcare of Atlanta (Scottish Rite) Hospital if I cannot be reached for other instructions. In case of disaster, I give permission for my child to be transported as necessary for safety.
- _____ Should my child become ill or have an accident requiring medical care, the school shall contact me immediately and is authorized to seek medical attention as needed. I will assume responsibility for payment.
- _____ I understand that if my child has a fever, severe cough, sore throat, undetermined rash, discolored mucus, upset stomach or diarrhea, he/she cannot be accepted into the school until healthy. If my child becomes ill while at the school, I will be notified and asked to come pick him/her up. Children who have a fever must be fever-free without the use of fever-reducing medication for **24 hours** before coming back to the school. The school will notify me if my child has been exposed to a communicable disease.
- _____ My child has the following special needs and/or allergies: _____
- _____ My child is currently on the following prescribed long-term medications or has the following illness, allergies or concerns as specified: _____
- _____ Before any medication is dispensed, I will provide written authorization which includes: date, name of child and medication, prescription number and dosage. Medication will be in the original container with my child's name marked on it.
- _____ If my child is not picked up more than 15 minutes after the school's closing and all attempts to reach parents or listed emergency contacts have failed, DFCS and police will be called. Under no circumstances will staff release children to unauthorized persons, take children to their home or provide a ride elsewhere without my written permission.
- _____ I agree to pay tuition by the 1st of each month and I understand that the tuition deposit is **non-refundable** should my child withdraw from the school during the school year, or be withdrawn for failure to abide by all policies and procedures. **I understand that tuition payments reflect the days the preschool is closed for holidays and teacher workdays as well as breaks.**
- _____ I acknowledge that it is my responsibility to keep my child's records current with updated phone numbers, address changes, emergency contacts and immunization records.

I understand this is a legally binding contract; I have read it and accept all the terms and conditions therein.

Signature of Parent or Legal Guardian

Date

Signature of Director

Date

Peachtree Road Lutheran Preschool



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Financial Contract 2010-2011 School Year

- I agree to pay the monthly fee of \$_____. If not paid by noon on the 2nd of the month, I will include a late fee of \$50.00. I understand that tuition is due on the 1st of the month regardless of the day of the week the 1st may fall. This includes weekends, holidays or breaks.
- I understand there will be a \$50.00 late fee if my child's tuition is paid after noon the following day tuition is due. A half-day grace period is given.
- I understand if I pick my child up after 2:30 p.m. or 6:00 p.m. that a flat fee of \$15.00 will be charged, along with a charge of \$1.00 per minute **payable at the time of pick-up**. A 2:31 p.m. or 6:01 p.m. pick up is **considered late**. There will be one grace period given per school year.
- I understand any outstanding balance is the responsibility of the parent. Parents are required to pay all collection costs including the collection fee of any collection company and/or reasonable attorney fees not to exceed fifteen percent (15%) of the amount due.
- I understand there will be a \$3000 procurement fee if I hire a Peachtree Road Lutheran Preschool faculty member away from Peachtree Road Lutheran Preschool during my child's enrollment period or within 12 months of withdrawal from Peachtree Road Lutheran Preschool.
- I understand a registration fee will be charged when registration takes place in February. All spaces will be offered on a first-come, first-served basis on In-House Registration Day.
- I have read and understand the above statements.

Signature of parent/legal guardian

Date



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Photograph/Video Waiver

In order to maintain our website properly, we like to use photos of the children engaged in activities that take place throughout the day. We are also creating several other new marketing pieces. We need parent's permission to take any child's photograph and/or video and use it on our website or in one of our marketing pieces.

My child, _____, has my permission to be video taped and/or photographed for the preschool website and marketing pieces.

My child, _____, **does not** have my permission to be photographed for the website or preschool marketing pieces.

Parent's/Guardian's Signature

Date



Supply List 2010-2011

* Please make sure all your items are properly labeled *

Inquisitors

Diapers
Wipes
Plastic Bibs
Diaper Rash Cream (if needed)
Blanket for Nap
Clear Plastic Container

Seekers/Travelers

Diapers
Wipes
Plastic Bibs
Sippy Cups
Diaper Rash Cream (if needed)
Blanket for Nap
Clear Plastic Container
Jumbo Crayons (Travelers)
Washable Markers (Travelers)
Glue Stick (Travelers)

Adventurers/Explorers

Pull-Ups

Wipes

Diaper rash cream (If needed)

Plastic Bibs

Sippy Cups

Jumbo Crayons

Markers

Water color paint set

Glue sticks

Bottle of glue

Blanket for nap

Change of clothing (Extra if potty training)

Clear plastic container (shoe box size)

Voyagers/Trailblazers

Change of Clothing

Crayons

Jumbo Pencils

Markers

Water color paint set

Glue sticks

Scissors

Bottle of Glue

Blanket for nap

Clear plastic container (shoe box size)

Pioneers

Dry Erase Markers (thick and thin assorted colors)

Baby Wipes

Crayons

Watercolor

Markers

Glue Sticks (6 packs)

Scissors

Elmer's Glue 2 bottles

Blanket for nap

Clear plastic container (shoe box size)



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TRANSPORTATION INFORMATION & MEDICAL EMERGENCY CONSENT FORM

Child's Name _____ DOB _____ Age _____
Address _____ City _____ State _____ Zip _____

Mother's
Name _____
Home phone _____
Work phone _____
Cell phone _____

Father's
Name _____
Home phone _____
Work phone _____
Cell phone _____

Email address(es): _____

In case of emergency and parents cannot be reached, please contact the following:

Name _____ Home phone _____
Work phone _____ Relationship _____
Cell phone _____

Child's Doctor/Clinic Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Allergies _____ Medications _____
Special medical needs or conditions _____

Including physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's programs and activities.

IN CASE OF EMERGENCY, I give permission for Peachtree Road Lutheran Preschool to have my child transported to Children's Healthcare of Atlanta (Scottish Rite) Hospital by ambulance should my child suffer a serious accident/illness that would require emergency medical treatment. In addition, after consultation with Emergency and/or Family Physician, any procedure deemed necessary may be performed on my child. I agree to be fully responsible for all medical expense incurred during the treatment of my child and to hold harmless and release Peachtree Road Lutheran Preschool from all liability. Every effort will be made to contact me and my physician.

Signature of Parent or Legal Guardian

Date

This form must be signed by two witnesses:

Witnessed by _____

Date _____

Witnessed by _____

Date _____