Green Acres Baptist Church Weekday Preschool
2085 Barnett Shoals Road
Athens, GA 30605
(706)549-1925 Fax: (706)543-5166
Website: www.greenacreschurch.com

2010-2011 School Year Pre-Registration Form

Child's Name:_____Birthday:_____
(Last) (First) (Middle) Mo. Day Yr.
Name Child is called:_____ SEX:_____ AGE:_____

Address:_____PHONE:_____
(STREET) (CITY) (ZIP)
E-mail address:_____

Please select one of the following classes (or order preferences):

_____1 yr. old	Mon./Wed./Fri.	$190.00/Month
_____1 yr. old	Tues./Thurs.	$155.00/Month**
_____2 yr. old	Mon./Wed./Fri.	$185.00/Month
_____2 yr. old	Tues./Thurs.	$150.00/Month
_____3 yr. old	Mon./Wed./Fri..	$185.00/Month
_____3 yr. old	Tues./Thurs.	$150.00/Month**
_____3 yr. old	Monday-Friday	$240.00/Month
_____4 yr. old (Pre-K)	Monday-Friday	$240.00/Month
_____4 yr. old (Pre-K)	Monday-Thursday	$215.00/Month**

**This class will be offered if there are enough students to create a class.

Are you registering at other schools? _____*For informational purposes only; this helps determine length of waiting list.

Mother's Name:_____Occupation:_____Cell:_____
Father's Name:_____Occupation:_____Cell:_____

Contact person to call who would assume responsibility for your child in an emergency if the school is unable to contact parents:

Name:	Relation:	Phone:
1._____	_____	_____
2,_____	_____	_____

Child's Heath Record

Child's Doctor:_____Phone:_____
Address:_____
Hospital Preference:_____

All students must provide an updated immunization record signed by a physician. We must also have a copy of your child's birth certificate if one is not already on file.

_____
PARENT'S SIGNATURE

Registration amount paid:_____ Check #_____