Hickory Road Fall Registration 2019-2020

2146 Hickory Road Canton, GA 30115 (770) 345-7572

www.cpelcenter.com

M - F	M-TH	T-F	T-F	MWF	MWF	TTHF
Young 5 yr.	4-5 yr.	4-5 yr.	Young 4's	Young 4's	3's	3's
9-1pm	9-1pm	9-1pm	9-1pm	9-1pm	9-1pm	9-1pm
$300	$260	$260	$260	$230	$230	$230

MW	TTH	MWF	TTHF	MW	TTH
3 yr.	3's	2 ½'s	2 ½'s	2's	18-24 mos.
9-1pm	9-1pm	9-1pm	9-1pm	9-1pm	9-1pm
$200	$200	$230	$230	$200	$200

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Yes, I would like to enroll my child in Childs Play's program. I understand the **non-refundable** registration fee is equal to one month's tuition per child as shown above. I understand the preschool has the right to drop a class due to low enrollment. I also understand that tuition is due by the 15th of each month (for the next month). A $20.00 late fee will be assessed for late receipts. Checks should be made payable to: CPEL Center, Inc. For 2 and 3 year olds that are interested in more than three days per weeks, we can accommodate you by placing your child in two classes. The cost for four days would be $300 per month and the cost for five days would be $330 per month. This is the discount given instead of paying for two separate classes.

*Childs Play programs are exempt from GA Bright from the Start. The program is not a licensed child care facility and is not requied to be licensed by the Georgia Department of Early Care and Learning. Children under 2 are limited to eight hours of care per week. Children ages 2-5 may only attend one session of four consecutive hours per day.

I've read the above and understand the terms. Parent Signature: _____ Date: _____

PLEASE PRINT **Preferred days:** 1st choice_____ 2nd choice_____

Child's Full Name _____ Name Called _____

Date of Birth _____ Child's age as of Sept. 1._____ Sex (Circle) Male Female

Home Address:_____ City_____ Zip _____

Home Phone # _____ Subdivision _____

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

Address (if different from above) _____ Email Address _____

Father's Employer _____ Social Security # _____

Mother's Name _____ Work Phone #_____ Cell # _____

Address (if different from above) _____ Email Address _____

Mother's Employer _____ Social Security # _____

Emergency Contact Information:

List all persons who may assume responsibility for your child if we are unable to contact you. The people listed have permission to transport your child from school in the event of an emergency.

1. Name: _____ Relationship:_____ Phone #:_____

2. Name: _____ Relationship:_____ Phone #:_____

Please list any allergies and/or medical conditions your child may have _____

I do not give Childs Play Early Learning Center permission to post photos of my child on their website/facebook page:
_____ **(Parent Signature)**

FOR OFFICE USE ONLY: Registration Fee: Check # _____ Amount _____
Class_____ Wait List_____