



## Hickory Road Fall Registration 2022-2023

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

[www.cpelcenter.com](http://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
\$335	\$295	\$295	\$295	\$265	\$265	\$265
MW	TTH	MWF	TTHF	MW	MW	
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	
\$235	\$235	\$265	\$265	\$235	\$235	



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 is \$340 per month and the cost for five days is \$370 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 required 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: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> 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 \_\_\_\_\_