



PRESCHOOL ENROLLMENT FORM

2026-2027

3732 Macland Road, Powder Springs, Georgia 30127

770-580-0928

Please Print Clearly

Child's Name _____ Birthdate _____

What name does your child go by? _____ Gender: Male _____ Female _____

T-Shirt Size: 2T _____ 3T _____ 4T _____ 5/6 _____ Youth Small _____ Youth Medium _____

Does your child have any allergies? Yes/No **Does the allergy require an EpiPen? Yes/No**

List Allergies: _____

Other Dietary Restrictions: _____

Address _____

City _____ State _____ Zip _____ Home Phone # _____

Dad's Name _____ Dad's Cell # _____

Dad's Work # _____ Occupation/Employer _____

Dad's Email _____

Mom's Name _____ Mom's Cell # _____

Mom's Work # _____ Occupation/Employer _____

Mom's Email _____

Does child live with both parents? Yes/No If no, list with whom the child lives and describe custody agreement regarding either parent visiting classes or taking the child from school:

Has your child been to preschool/programs outside of your home before? Yes _____ No _____

If yes, where? _____

Names and ages of other children in your home: _____

Any evidence of hearing loss, vision difficulties, speech delays or developmental delays? Yes _____ No _____

If yes, please explain _____

Does your child receive any resource services or intervention including physical, occupational or speech

therapy? Yes _____ No _____ If yes, please explain _____

What primary language does your child speak? English _____ Spanish _____ Other _____

If other, what is the primary language spoken in the home? _____

In what ways do you expect our program to help your child?

Does your child prefer one hand over the other? Yes _____ No _____ If yes, which one? _____

Please tell us a little about your child and their personality: (i.e., agreeable, strong willed, shy, outgoing, etc.)

Please list any concerns or other information that your child's teacher might find helpful regarding making this a great year for your preschooler:

Is there anything about your child or family/home situation you feel we need to know, so we may better meet the needs of your child? _____

Does your family attend church regularly? Yes/No Name of Church _____

EMERGENCY INFORMATION

Please list below two responsible adults who we can contact if we are cannot contact parents.

This is vital information, please print legibly.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Doctor: _____ Phone _____

List any medical issues or allergies: _____

List any medications your child takes on a regular basis: _____

Hospital Preference: _____

Medical Release Form:

I, _____, hereby authorize Macland Preschool to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child,

_____,
and specifically authorize and request that necessary treatment be provided by you to my child. A photocopy of this authorization and consent for medical treatment shall have the same force and effect as the original.

I hereby release, absolve, indemnify, hold harmless and forever discharge Macland Preschool, Macland Baptist Church, its employees, agents or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Macland Preschool, Macland Baptist Church, its employees, agents or any supervisors appointed by them.

Parent's Signature _____

Date _____

Is your child potty trained? (potty trained means that your child is completely independent in the bathroom)

Yes _____ No _____

AS A PARENT(S) I AGREE TO:

1. Yes/No I agree to read the Parent Handbook and abide by all of the policies set forth by Macland Preschool.
2. Yes/No I give permission for my child's individual photo, classroom or school activity photos to be posted to Macland Preschool's Facebook page, Instagram page and or website.
3. Yes/No I give permission for my child's name, address, phone number and family email address to be distributed to other parents in my child's class and given to room moms to coordinate class activities/parties.

Initial Below:

_____ I understand that Macland Preschool may post large group photos from programs and/or events to Macland Preschool's Facebook page, Instagram page and or website.

Parent's Signature _____ Date _____

Class Registering For 2026-2027:

Toddlers

Monday/Wednesday _____

Young Twos

Tuesday/Thursday _____

Older Twos

Tuesday/Wednesday/Thursday _____

Threes

Monday-Thursday _____

Fours

Monday-Thursday _____

** Classes and days classes are offered may be adjusted based on enrollment.

2026-2027 Classes Offered & Fees

	<i>Reg. Fee</i>	<i>Monthly Payment</i>	<i>Yearly Tuition*</i>	<i>Activity Fee</i>
Toddlers				
2 Days	\$240	\$240	\$2,400	\$50
Young Twos				
2 Days	\$240	\$240	\$2,400	\$50
Older Twos				
3 Days	\$260	\$260	\$2,600	\$60
Threes				
4 Days	\$280	\$280	\$2,800	\$75
Fours				
4 Days	\$280	\$280	\$2,800	\$75

-Registration fee for all classes is equal to one month's tuition.

*Annual tuition is divided into 10 equal monthly payments regardless of days attended each month.

-The Activity Fee is a one-time fee to cover things that may be needed for special event or projects, due the first week of school.

-A 10% sibling discount is provided for 2nd and 3rd children from the same family.

-A 10% discount on registration is offered to our first responder & military families.

I am enclosing the required registration fee of \$ _____.

I understand the registration fee is non-refundable and is not applied to tuition. I agree to pay the monthly fee of \$ _____ by the tenth of each month. Should your tuition be later than the tenth of the month, a \$20.00 late fee will be added to your account. ***I understand the registration payment confirms and guarantees my child's registration for the beginning of school. Without receipt of this payment Macland Preschool has the right to relinquish my child's spot to another applicant.*** August tuition is due before the first day of school. I understand that if I must withdraw my child from Macland Preschool, one month's notice is required and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends. **Full tuition payment is still required during a short or long term absence. This is what holds your spot in the program.** I understand if my check is returned from the bank, I will be responsible for paying bank charges as well as a \$25.00 fee. If a second check is returned all future payments must be made in cash, money order or through the Brightwheel app. I also understand that nonpayment of tuition for 30 days past due the scheduled due date may result in the relinquishment of my child's placement at Macland Preschool. Macland Preschool closely follows the Cobb County School District's calendar and does not makeup days due to inclement weather.

Parent's Signature

Date

-----**FOR OFFICE USE ONLY**-----

Date Registration Form Received: _____ Date Started: _____

Registration Fee Received: \$ _____ Cash _____ Check # _____ Brightwheel _____

Withdrawal Date: _____

Number of Days Attending: _____ Age _____ Days of Week Attending: _____

Siblings Attending: Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

Wait List Class: _____

Date: _____ Time: _____

Signed Parent Handbook Receipt: _____ Immunization Records Received: _____