



## 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?

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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.)

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

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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? \_\_\_\_\_

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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: \_\_\_\_\_

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List any medications your child takes on a regular basis: \_\_\_\_\_

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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**

	<b>Reg. Fee</b>	<b>Monthly Payment</b>	<b>Yearly Tuition*</b>	<b>Activity Fee</b>
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**Toddlers**

2 Days	\$240	\$240	\$2,400	\$50
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**Young Twos**

2 Days	\$240	\$240	\$2,400	\$50
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**Older Twos**

3 Days	\$260	\$260	\$2,600	\$60
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**Threes**

4 Days	\$280	\$280	\$2,800	\$75
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**Fours**

4 Days	\$280	\$280	\$2,800	\$75
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-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 2<sup>nd</sup> and 3<sup>rd</sup> 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.

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Parent's Signature

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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: \_\_\_\_\_