

Procedure for Enrollment

- Return completed Enrollment Application, Financial Agreement and Enrollment Contract with the Registration Fee. The fee is non refundable once your child is accepted for admission into the school. If placed on the school's enrollment waitlist, the Registration Fee is due to be placed on the waitlist and is non-refundable.
- Schedule a student visit for observation and placement
- Provide copies of current immunization records and all child enrollment forms and documentation necessary for enrollment.
- The school will confirm your child's enrollment and start date and any remaining enrollment fees are due one month prior to your child's start date. Initial tuition payment is due prior to your child's start date.

Desired Start Date: _____

Financial Agreement

Annual Enrollment Fees are as follows:	
Registration Fee (one per family)	\$195
Activity & Materials Fee	\$250
Tuition Down Payment	\$1000

**** Tuition down payment will be applied toward your account in full to the last contracted month's tuition ****

Submit Enrollment Fees on or before the following dates:

- Registration Fee due at time of your child's acceptance of admission into the school. If placed on the school's enrollment waitlist, the Registration Fee is due to be placed on the waitlist and is non-refundable.
- Activity & Materials Fee due at time of (for immediate availability) or one month prior to your child's start date.
- Tuition Down Payment due at time of (for immediate availability) or one month prior to your child's start date.
- Initial tuition payment is due prior to your child's start date.

2024-2025 Program Monthly Tuition Information			
6 weeks - 12 months	\$1300	Pre-K Summer Camp	\$865
13 months - 23 months	\$1200	School Holiday	\$75
2 Years	\$1100	Before Care Only	\$300
3 years/ 4 years	\$1000	After Care Only	\$415
		Before and After Care	\$505

Payment Options (choose one)

- One annual payment of \$ _____ (due on or before August 1st – 1% tuition discount for paying in full)
- Equal monthly payments of \$ _____ (due on or before the 1st of each month, August to July)

Vehicle Emergency/ Child's Medical Information

Student's Name		Circle M / F	Age D.O.B
Home Address		City/ State/ Zip	
Parent/Guardian		Parent/Guardian	
Cell Phone #		Cell Phone #	
Email		Email	
Employer Phone #		Employer Phone #	

Emergency Contact Information and also authorize to pick up when parents are not able to be reached:			
Name	Relation to Child	Full Address	Phone Number
1.			
2.			

Doctor: _____ Phone Number: _____

Address: _____

Child's Allergies (insect, medication, food, ect.): _____

Specify and Explain with Instructions: _____

Current Prescribed Medications: _____

Child's Special Needs/ Special Accommodations: _____

EMERGENCY PARENTAL CONSENT

I, the parent/legal guardian of _____, understand in the event my child is too ill to remain at Great Beginnings of Dacula, the following procedure will be observed:

If immediate care is not required, I will be contacted to make arrangements for my child's care. If Great Beginnings is unable to contact me, they may at their discretion contact the individual designated by me to contact in case of an emergency. I understand that if my child requires emergency care Gwinnett County (911) will be called for an emergency medical service.

I have read, received and understood the center's emergency medical plan. I also understand that any expense incurred will be accepted by me.

Parent Signature

Date



Enrollment Application and Financial Agreement

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATION

Our State Licensing Agency (DECAL) requires Great Beginnings to have written permission in order to apply and use the following common child products, which may be needed during a regular day here at school. The following is the State rule and list of items which need your acknowledgement to use if necessary for your child's hygiene, comfort, care and safety.

DECAL Rule: 590-1-10.20(1)

Except for First Aid, personnel shall not dispense prescription or nonprescription medications to a child without specific written authorization from the child's physician. Such authorization will include, when applicable, date, full name of the child, name of the medication; prescription number, if any; dosage; the dates to be given; the time of the day to be dispensed; and signature of parent.

I give Great Beginnings of Dacula permission to apply one or more of the topical ointments/preparations to my child, _____ in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Bactine or similar first aid spray

_____ Non-prescription ointment (A&D, Destin, Vaseline)

_____ Sunscreen

_____ Insect repellent (provided by parent)

_____ Other (specify) _____

_____ Band-aids

PHOTO RELEASE FORM

Please read through the following Photo Release Form: These pictures may be used in all school -related materials or media outlets including but not limited to the daycare website, brochures, emails, bulletin boards, cubby/ crib labels, social media accounts, ect.

I also consent that such photographs and video footage shall be property of Great Beginnings/ Endeavor Schools, which has the right to duplicate, reproduce and make other uses as it deems necessary within the boundaries laid out in this agreement.

Please check off which option you agree to:

- I give permission to use my child's photograph/video footage as described above.
- I give permission for my child's photograph to be used **ONLY** for internal purposes (cubby/ crib labels and bulletin boards)
- I **DO NOT** give permission for my child's photograph/video footage to be used in any way, as specified above.

Parent Signature

Date



Enrollment Application and Financial Agreement

Enrollment Contract

Great Beginnings agrees to enroll _____ for the 2024-2025 school year and to provide the program, educational and other services as prescribed for that program.

In consideration of the acceptance of the Enrollment contract by the school, the undersigned agrees to pay all required fees as specified in the Financial Agreement.

I understand that my obligation to pay the fees for the full academic year is unconditional and that no portion of fees or tuition paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school by the above student.

I understand that in signing this Enrollment Contract for the academic school year, I am agreeing to accept the rules and regulations of the School as stated in the Financial Agreement and current Parent Handbook including the rule concerning payment of fees and tuition as referred to above.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty with the exception of the annual enrollment fees. In the event the above student is withdrawn after the school year has begun, the Tuition Down Payment, Registration Fee, and Activity & Materials Fee are **non-refundable**. If the child is withdrawn for non-qualified reasons, the parents or guardians are financially responsible to pay the remaining annual tuition charges.

I understand the school shall have the right to legal action for the collection of school fees and tuition and that I will be held responsible for all costs of collection, including court costs and attorney fees.

Signatures of Parents or Guardians financially responsible for Student:

1. Print Name: _____

Signature: _____ Date: _____

Address: _____

2. Print Name: _____

Signature: _____ Date: _____

Address: _____

School Representative: _____

Signature: _____ Date: _____