



The Kingswood School

5015 Tilly Mill Road
Dunwoody, GA 30338
770-458-8407 School Office
770-457-9114 Fax
Hours- 9:00 a.m. - 1:00 p.m.

NONREFUNDABLE/NONTRANSFERABLE

APPLICATION FEE: \$100

Date Received: _____
Check #: _____ Cash: _____

KINDERGARTEN APPLICATION

Child's name _____ Name Used _____ DOB _____ M/F _____
Address _____ City _____ Zip _____ County _____
Home Phone Number _____ Local Public Elementary School _____
Mother's Name _____ Father's Name _____
Mother's Work Phone _____ Father's Work Phone _____
Mother's Cell Phone _____ Father's Cell Phone _____
Brothers and sisters (names and ages) _____
Does child live with both parents? Yes _____ No _____ If no, with whom does child live? _____
Church Affiliation _____ Name of Church _____ Does child attend? _____

PLEASE COMPLETE THE FOLLOWING WEIGHTED-POINT QUESTIONS:

- Are the applying child and/or parent/legal guardian active registered members of Kingswood United Methodist Church?
If so, for how long?
Including this year, how many years has the applying child been attending The Kingswood School?
Is this child's parent a current or past staff member of The Kingswood School?
Is this child's parent a current or past member of The Kingswood School Board?
Have you or do you plan to apply to any other private school for Kindergarten in addition to The Kingswood School?
Does the registering child have a sibling who is currently attending or has previously attended The Kingswood School?
If not, is the child an only child?

I understand a \$100.00 non-refundable application fee is due with this completed form. Once I accept the space offered to my child in the Kindergarten class, I further agree to pay Kindergarten tuition in three equal installments of \$990.00 each. The first installment is due on or before May 1, 2012; the second installment is due on or before August 1, 2012, the third installment is due on or before November 1, 2012.

I understand my obligation to pay tuition is unconditional and that no portion of such tuition paid will be refunded, transferred or canceled even in the event of subsequent illness or withdrawal.

Parent's Signature _____ Date _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM

List Previous Preschool Experience prior to The Kingswood School: _____

Please list any special medical/physical conditions about your child: _____

Please list any allergies your child has: _____

What is the allergic reaction and treatment? _____

Please list any medications your child takes on a regular basis: _____

Has your child been diagnosed with any special needs? _____ Please specify _____

Program may not be able to meet the special needs of every child.

The Kingswood School admits students without regard to race, creed, gender, religion or national origin.

EMERGENCY INFORMATION

Please list **EMERGENCY CONTACTS** for us to reach when we are unable to locate the parents or guardians. These persons have your permission to pick up your child from school in the event of illness or other emergency.

NAME	RELATIONSHIP	PHONE NUMBER

MEDICAL AUTHORIZATION: In case of an accident or emergency on the school grounds or during any school activity involving my child, _____, which, in the opinion of school authorities present, requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or Emergency Medical Technicians for treatment and/or transport of my child to the hospital if it is deemed necessary.

Parent/Guardian Signature _____ Date _____

MEDIA INFORMATION

MEDIA RELEASE: Oftentimes, our preschool parents may take photographs or video recordings of various school events. The teachers also take pictures that are used for art projects, home and family themes, and even as gifts to the parents. The Kingswood School does not use these pictures for promotional purposes. Please check one box and sign/date.

I **GIVE** **DO NOT GIVE** my consent to The Kingswood School or their designee to take photographs or video recordings of my minor child for the purposes stated above.

Parent/Guardian Signature _____ Date _____

School Directory Release

I **GIVE** **DO NOT GIVE** permission to print our family name, address and phone number in the school directory. This will be used as an internal document for The Kingswood School families

Parent/Guardian Signature _____ Date _____