



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
 REGISTRATION FEES:**

\$100.00 (1st child) \$90.00 (each sibling)
\$50.00 (KUMC member - 1st child)
\$40.00 (KUMC member - each sibling)

Date Received: _____
 Check #: _____ Cash: _____

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

PRE-SCHOOL REGISTRATION FORM

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 CHECK THE CLASS FOR WHICH YOU ARE REGISTERING YOUR CHILD:

CLASS	DAYS	MONTHLY COST	AGE REQUIREMENTS
<input type="checkbox"/> Kindergarten.....	Monday-Friday.....	\$310.....	5 years by 9/1/11
<input type="checkbox"/> Young 5's	Monday-Friday.....	\$285.....	5 years by 12/31/11
<input type="checkbox"/> 5 Day 4's	Monday-Friday.....	\$285.....	4 years by 9/1/11
<input type="checkbox"/> 5 Day Young 4's.....	Monday-Friday.....	\$285.....	4 years by 12/31/11
<input type="checkbox"/> 4 Day Young 4's.....	Monday, Tuesday, Thursday, Friday.....	\$250.....	4 years by 12/31/11
<input type="checkbox"/> 5 Day 3's	Monday-Friday.....	\$285.....	3 years by 9/1/11
<input type="checkbox"/> 4 Day 3's	Monday, Tuesday, Thursday, Friday.....	\$250.....	3 years by 9/1/11
<input type="checkbox"/> 3 Day 3's	Monday, Wednesday, Friday.....	\$220.....	3 years by 9/1/11
<input type="checkbox"/> 3 Day Young 3's.....	Monday, Wednesday, Friday.....	\$220.....	3 years by 12/31/11
<input type="checkbox"/> 2 Day Young 3's.....	Tuesday, Thursday.....	\$170.....	3 years by 12/31/11
<input type="checkbox"/> 3 Day 2's	Monday, Wednesday, Friday.....	\$220.....	2 years by 9/1/11
<input type="checkbox"/> 2 Day 2's	Tuesday, Thursday.....	\$170.....	2 years by 9/1/11
<input type="checkbox"/> 3 Day 2's	Monday, Tuesday, Thursday.....	\$220.....	2 years by 9/1/11

I understand the non-refundable/non-transferable registration fee is due with this completed form. I am also aware a non-refundable/non-transferable deposit equal to the last month's tuition is due by Monday, April 18, 2011.

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 _____

EMERGENCY INFORMATION

Please list **EMERGENCY CONTACTS** for us to reach in the event we are unable to locate the parents or guardians. These persons would have your permission to pick up and transport 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.

Child's Name _____ Date _____

Parent/Guardian Name _____
(please print) (parent/guardian signature)