



2022-2023 Registration

Tabernacle Weekday Preschool
112 East Church Street
Cartersville, GA 30120
770-382-1977
770-382-6988 (Fax)

Child's Name _____ Date Of Birth _____

Circle One: Male / Female

T-Shirt Size: XS S M

___ Toddlers (15-24)	Tuesday, Thursday	\$185/month
___ 2 year old	Monday, Wednesday, Friday	\$215/month
___ 2 year old	Monday – Friday	\$245/month
___ 3 year old	Monday, Wednesday, Friday	\$215/month
___ 3 year old	Monday – Friday	\$245/month
___ Pre-K	Monday, Wednesday, Friday	\$215/month
___ Pre-K	Monday – Friday	\$245/month
___ Kindergarten	Monday – Friday	\$275/month

Children must have attained class age on or before September 1st of the school year.

* Registration/Activity Fee of \$150 for Toddlers, Twos, Threes, Pre-K, and Kindergarten (**non-refundable**)

*Book Fee for Pre-K is \$70 or Kindergarten is \$100 (**non-refundable**)

Person responsible for monthly tuition _____ Home Phone _____

Relationship to child _____ Cell Phone _____

Mailing Address _____

City & Zip _____ Email Address _____

Mother's Name _____

Mailing Address (if different from address listed above)

_____ City & Zip _____

Mother's Home Phone _____ Cell Phone _____

Mother's Employer/Occupation _____ Phone _____

Father's Name _____

Father's Home Phone _____ Cell Phone _____

Father's Employer/Occupation _____ Phone _____

- Child Resides With: () Both Natural Parents () One Natural Parent
 () Natural Parent/Step () Legal Guardian
 () Foster Parents

Special Medical Problems/
Allergies: _____

Does your child have an Epi-pen? _____

Prescription Drug Taken Daily _____

Siblings and Ages _____

Do you attend church? _____ If so, where? _____

Any additional information you would like to share about your child: _____

Names and phone numbers of people who have permission to pick up your child:

In the event I cannot be reached, I give permission for a school representative to transport or seek transportation to Cartersville Medical Center and to authorize emergency medical treatment. I will assume full responsibility for all charges of any medical treatment.

Parent/Guardian Signature

Date

Tabernacle Preschool and Kindergarten has my permission to publish my child's photograph in publications such as Facebook, other forms of social media, local newspapers, etc.

_____ yes, I give my permission. _____

Parent signature

_____ no, I do not want my child's photograph published at any time.

Two/Three/Pre-K/Kindergarten Only:

My Child, _____ has permission to attend field trips with Tabernacle Preschool/Kindergarten during the 2021-2022 school year.

Parent/Guardian Signature

Date

How did you hear about Tabernacle Preschool? _____ Family & friends _____ Signs _____ Our Website

For Office Only:

Cash/Check# _____ Date Received _____

