# Redeemer Preschool & Kindergarten

### Registration Form August 2025 - May 2026

Child's Name:		Preferred Name:			
Child's Date of Birth		Male:	Male: Female:		
Home Address, City, State, Zip:		Email Address:			
Mother's Name:		Father's Name:			
Mother's Cell Phone:		Father's Cell Phone:			
Mother's Occupation:		Father Occupation:			
Employer's Phone Number:		Employer's Phone Number:			
Do you have a church home?		If so, where does your family attend?			
Additional information (allergies, special needs)		Instructions regarding how Parent/Guardian may be reached in emergency:			
Emergency Contact other than parents:					
Name	Relationship to child		Phone Number		
Name of child's physician	Address		Phone Number		

## Redeemer Preschool & Kindergarten Tuition/fees 2025-2026

Monthly rates are calculated by dividing the yearly tuition into 9 monthly installments, August through April. A non-refundable registration deposit is required in February and is equal to one month's tuition. Siblings receive \$20 off the monthly total due. (There is no discount on the registration fee.) Kindergarten has a one time book fee of \$35, due at registration.

- Please place a checkmark by your class choice
- Child must reach required age by September 1, 2025

Class choice	Class	Monthly Rate	Yearly Tuition
	MMO (T/Th) (15-23 months)	\$175	\$1,575
	2 day 2s (M/W or T/Th)	\$185	\$1,665
	4 day 2s (M-Th)	\$225	\$2,025
	3 day 3s (T/W/Th)	\$200	\$1,800
	4 day 3s	\$230	\$2,070
	Pre-Kindergarten	\$275	\$2,475
	Kindergarten	\$300	\$2,700

#### **Medical Permission Clause**

I release Redeem	er Preschool & Kind	lergarten from liabi	lity due to
accident or injury	y. I, the undersigned	d parent or guardian	of
	ent, if the		
staff or representa	ative of Redeemer Pre	school & Kindergarte	n is unable
to contact me, do l	hereby grant permis	sion to said staff or	
representative to	administer necessa	ary first aid, and/or	take my
child to the near	est medical facility f	or additional treatn	nent.
Insurance Company	Name:		
			_
Policy Number:			
			_
Parent's Signature:			
Describe any spe	cial needs or instru	ctions below:	
Person(s) to who	om your child may b	e released:	
Name:	Relationship	Phone Number:	Address:
Name.	to child:	Phone Number.	Audress.
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Please notify us if someone other than you or the usual pick-up person will be picking up your child. A picture ID will be requested from anyone that does not have a Redeemer carline tag.

### Photo/Class Directory Release

With my signature, I do hereby grant Redeemer Preschool & Kindergarten the right to photograph my child for classroom/school related purposes: school website, crafts, bulletin boards, and/or end of year memory books for the student.

Your child's teacher may complete a class directory to be given to other families in your child's class. May we include your information:
Yes No
Parent's Signature
Date:
In order to reserve a spot for your child, please fill out this form and remit your non-refundable registration fee, which is equal to one month's tuition. A current certificate of immunization, Georgia Form 3231, is required for your child to attend. In addition, all students who are in PreK and/or Kindergarten classes are required to submit Georgia Form 3300.
I understand Redeemer Preschool & Kindergarten is exempt from licensure.
A full tuition payment is due by the 1st of the month and is considered late after the 10th of the month. There is no tuition for the month of May.
I have read and understand the above:
Parent's Signature
Date: