



PRESCHOOL REGISTRATION FORM 2025-2026

1525 Scenic Highway, Snellville, Georgia 30078

Office: 770-972-5014 Fax: 770-972-7310

Please print clearly

Child's Name _____ Birthdate _____

What name does your child go by? _____ Gender: Male _____ Female _____

Does your child have any allergies? Yes/No **Does the allergy require an epipen? Yes/No**

List Allergies _____

Other Dietary Restrictions: _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone # _____

Father's Name _____ Dad's Cell # _____

Dad's Work # _____ Occupation _____

Dad's Email _____

Mother's Name _____ Mom's Cell # _____

Mom's Work # _____ Occupation _____

Mom's Email _____

Does child live with both parents? Yes/No If no, list with whom the child lives and describe custody agreement regarding either parent visiting classes or taking the child from school:

Did your child attend a school last year? Yes _____ No _____

If yes, where? _____

Names and ages of other children in your home: _____

Does your child show any evidence or been evaluated for hearing loss, vision difficulties, speech delays or developmental delays? Yes _____ No _____ If yes, please explain _____

Does your child receive any resource services or intervention including physical, occupational or speech therapy?

Yes _____ No _____ If yes, please explain _____

Does your child respond to his/her name? Yes _____ No _____

Can your child follow one step directions? Yes _____ No _____

*Please note that to be in successful in preschool, students must respond to his/her name and be able to follow one step directions.

What primary language does your child speak? English? _____ Spanish? _____ Other _____

If other, what is the primary language spoken in the home? _____

In what ways do you expect our program to help your child?

Does your family attend church regularly: Yes/No Name of Church _____

Is there anything about your child or family/home situation you feel we need to know, so we may better meet the needs of your child? _____

List any people that have permission to pick up your student in your absence:

Three and four year-old potty agreement

I understand it is the policy of Mount Zion Weekday Preschool that all children in three and four year-old classes must be potty-trained to enroll and/or continue in the program.

Parent's Signature

Date

PARENT AGREEMENT

1. Yes/No I agree to read the Parent Handbook and abide by all of the policies set forth by MZ Weekday. (To access the parent handbook, go to www.mzweekday.com. The handbook is located in the Parent Portal and is password protected. The parent portal password can be obtained by contacting the Weekday Preschool office.)
2. Yes/No I give permission for my child's individual photo, classroom photos, and school activity photos to be used for school display and for keepsakes and mementos.
3. Yes/No I give permission for my child's individual/small group photos to be posted to the Mount Zion Facebook page, Instagram page, and/or website for parent viewing. This includes closed class group pages for parent viewing.
4. Yes/No Fall/Spring School Photos: I agree for my child's photo to be posted to a private school wide gallery for viewing photo proofs. (If you do not check yes, your child's photo will not be taken for fall or spring pictures.)
5. Yes/No I give permission for my child's name, address, telephone number and family email address to be distributed to other parents in my child's class and given to room moms to coordinate class parties.

Initial Below:

_____ I understand that Mount Zion Preschool & Kindergarten will post large group photos from programs and events to the Mount Zion Facebook page, Instagram page, and/or website.

Parent's Signature _____ Date _____

Child's Name _____

I understand that Mount Zion is a private, non-profit program, is not licensed and is not required to be licensed by Bright from the Start/Georgia Department of Early Care and Learning. Mount Zion Weekday does not hold a state license or exemption. MZ Weekday is limited to a four hour preschool day.

Parent's Signature

Date

2025-2026 Class Registering For:**ONES**

Tu/Th 1s _____ M/W 1s _____

4 Days (M/W & T/Th) _____ F 1s _____

TWOS

Tu/Th 2s _____ M/W/F 2s _____

4 Day 2s _____ 5 Days (M/W/F & T/Th) _____

THREES

M/Tu/Th 3s _____ M/W/F 3s _____

4 Day 3s _____ 5 Day 3s _____

FOURS

4 Day 4s _____ 5 Day 4s _____

5 Day 4/5s Transition _____

**** Classes offered may be adjusted based on enrollment.****2025-2026 Classes Offered & Fees**

	Reg. Fee	Monthly Payment	Yearly Tuition*
<i>One Year Olds</i>			
2 Days (T/Th or M/W)	225.00	200.00	1800.00
4 Days (both classes)	400.00	400.00	3600.00
1 Day (Fri)	125.00	125.00	1125.00
<i>Two Year Olds</i>			
2 Days T/Th	225.00	200.00	1800.00
3 Days M/W/F	255.00	230.00	2070.00
4 Days M-Th	290.00	265.00	2385.00
5 Days (3 day & 2 day)	430.00	430.00	3870.00
<i>Three Year Olds</i>			
3 Days M/T/Th	280.00	230.00	2070.00
3 Days M/W/F	280.00	230.00	2070.00
4 Days T-F	315.00	265.00	2385.00
5 Days M-F	335.00	285.00	2565.00
<i>Four Year Olds</i>			
4 Days M-Th	315.00	265.00	2385.00
5 Days M-F	335.00	285.00	2565.00
<i>Four/Five Year Old Transition Class</i>			
5 Days M-F	345.00	295.00	2655.00

A \$30 discount will be given for 2nd & 3rd children in our program on **registration only**.

* Annual tuition is divided into equal monthly payments regardless of days attended each month.

I am enclosing the required registration fee of \$ _____. ***I understand the registration fee is non-refundable and is not applied to tuition.*** I agree to pay the monthly tuition payment of \$ _____ by the tenth of each month (nine equal payments-August through April) and an additional \$25.00 if paid after the tenth of the month. ***I understand the August tuition payment confirms and guarantees my child's registration for the beginning of school. Without receipt of this payment, the Weekday Preschool & Kindergarten has the right to relinquish my child's spot to another applicant.*** I understand that if I must withdraw my child from the program, one month's notice is required, and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends. I understand if I am late picking up my child, I will be charged a late fee. I understand if my check is returned from the bank, I will be responsible for paying bank charges as well as a \$40.00 fee. If a second check is returned, all future payments must be made in cash, money order or credit card. I also understand that nonpayment of tuition for 30 days past due the scheduled due date, will result in the relinquishment of my child's placement at MZ Weekday. **Tuition must be paid in full for the school year in order to participate in end of the year programs.** **Mount Zion Preschool & Kindergarten closely follows the Gwinnett County Public School calendar and does not makeup days due to inclement weather and is also closed on Good Friday, and prescheduled digital learning days. MZ Weekday's start date for the 2025-2026 school year is August 25, 2025 and the last day of school will be May 15, 2026. In addition to checks, cash, and money orders, MZP&K offers online payments for credit cards. Processing fees for the credit card programs apply. If the processing fee does not automatically add to your account, Mount Zion Preschool & Kindergarten will bill the processing fee to offset costs assumed with processing electronic payments.**

Current Families (families with students attending MZ Weekday for the 2025-2026 school year) may pay the registration fee in 2 equal payments. The first half is due at the time of registration and the second half is due in 30 days.** I understand that if I choose this payment option and do not pay the 2nd payment by the due date, the partial registration fee collected will not be refunded and my student may forfeit his/her spot in the school. ***This payment option is only available for registrations received prior to February 28, 2025 and 100% of the registration fee must be paid by March 28, 2025.

1st registration payment due TODAY. 2nd registration payment due on _____.

Parent's Signature _____

Date _____

Email address invoice should be sent to: _____

In the event of an emergency Mount Zion Baptist Church, Weekday Preschool employees and/or agents will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for Mount Zion Baptist Church, Weekday Preschool employees and/or agents to obtain emergency medical attention in case of sickness or injury to my child, _____ . I hereby grant permission to said church, preschool employees and/or agents to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. In consideration for you allowing my child to participate in the Mount Zion Weekday Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Mount Zion Baptist Church, Mount Zion Weekday Preschool, its employees, agents, or any supervisors appointed by them.

Parent's Signature

Date

----- **DO NOT WRITE BELOW THIS LINE** -----

Date Registration form received: _____ Entrance date: _____

Registration fee received: \$ _____ Cash _____ Check# _____ Card _____

2nd Registration Payment (current families only) Due Date: _____

\$ _____ Cash _____ Check# _____ Card _____

Withdrawal date: _____

Number of days attending: _____ Age _____ Days of week attending: _____

Siblings attending: Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

Wait List Class (if applicable) _____

Date _____ Time _____