

Mt. Zion Preschool



2023-2024

REGISTRATION PACKET

Mt. Zion Church
4096 E. Cherokee Dr.
Canton, Ga. 30115
770- 479-8058
e-mail: preschool@mtzb.org

MtZP is a ministry of Mt. Zion Baptist Church

Registration Procedure

Thank you for choosing Mount Zion Preschool. We are thrilled to have you join us for the 2023-2024 school year!

To register your child for preschool, a completed Registration form and Tuition Form (3 pages) must be emailed to the school office or can be dropped off in person from Mon.-Thurs. 9:30-12:30.

Children should register for the class that corresponds with their age as of September 1, 2023. Registration fees are non-refundable and not subject to any discounts.

Please visit our website at <https://www.mtzb.org/weekday-preschool> to view a video of our program. Tours may also be scheduled by e-mailing us at preschool@mtzb.org . If you have any questions about the school, the registration process, or the classes offered, we encourage you to e-mail us at the above e-mail address.

Mount Zion Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate based on race, color, or national and ethnic origin in administration of its educational policies.

Student Information:

Last Name: _____ First Name: _____ M.I. _____

DOB ___/___/___ Age: _____ Gender: M F

Address: _____ City: _____ Zip Code: _____

Student Lives With: Both Parents Father Mother Other _____

Do any court ordered restrictions apply? Yes/No If yes, please provide documentation

Family Information:

Father's Name: _____ E-Mail address: _____

Cell #: _____ Work #: _____

Mother's Name: _____ E-Mail address: _____

Cell #: _____ Work #: _____

Religion: _____ Church Attending: _____

Siblings & Ages: 1. _____ Age: _____

2. _____ Age: _____

Emergency Contacts:

(These people would also be allowed to pick up my child from preschool)

1. _____ Phone # (c) _____ Relationship _____

2. _____ Phone # (c) _____ Relationship _____

3. _____ Phone # (c) _____ Relationship _____

Medical Information:

Does your child have any significant medical history? (please specify)

Allergies: _____

Special Needs: _____

What therapies does your child receive? _____

Is your child being considered for an evaluation for a developmental delay? Yes____ No____

What type of evaluation or concern do you have?

Child's Name: _____

Age as of Sept. 1, 2023: _____

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Please circle the class that you want your child enrolled in. Birthdate as of Sept. 1, 2023

<u>CLASS</u>	<u>MONTHLY PAYMENT</u>	<u>ANNUAL TUITION</u>
18-24 Months (Tues./Thurs. 8:45-12:45)	\$220	\$2200
2 Year Olds (Tues./Wed./Thurs. 8:45-12:45)	\$250	\$2500
3 Year Olds (Tues./Wed./Thurs. 8:45-12:45)	\$250	\$2500
3 Year Olds (Mon.-Thurs. 8:45-12:45)	\$290	\$2900
PreK (Mon.-Thurs. 8:45-12:45 PM)	\$290	\$2900
Kindergarten (Mon-Thurs. 8:45-12:45) Book Fee \$125 for the year		
Enrichment for Kindergarten (Mon.-Thurs. 12:45-1:45)	\$360	\$3600

The registration fee for all classes is \$200 (One fee per family)

Registration is non-refundable and will be processed electronically in 2 pmts. of \$100 each on Feb. 6th and March 6th. The fee paid in April and going forward will be processed in full.

I understand that my tuition is an annual amount, but I agree to pay it in 10 monthly payments. Tuition will be processed automatically on the 5th day each month (unless the 5th is on the weekend). August's tuition will be processed electronically on June 5th and each month, thereafter, beginning Sept. 5th. If you have more than one child in the program, only one registration fee is required, and you will receive a \$20.00 family discount off the 2nd child's monthly tuition.

I understand and agree to pay the above fees. I understand that no deduction in tuition is allowed due to absences, illness, or any other reason, unless approved by the Director. I also understand that whether my child is present or not, full tuition is paid monthly, regardless of school closings. If for some reason I need to withdraw my child from preschool, I agree to do my best to provide Mt. Zion Preschool a 30-day notice.

Certification:

I certify that, to the best of my knowledge, all information provided by me in this registration form is true and accurate.

Signature of Parent

Date

Child's Name(s): _____

TUITION FORM
for New and Returning Parents:

New Parents:

Registration and tuition are auto drafted. No cash or checks are accepted.
Please choose your preferred method:

_____ Credit Card (2.75% fee) _____ Bank Draft (free)

An email link will be sent for you to confidently set up your choice and is active for **24 hours**. *Thank you for writing in the email you would like the tuition link sent to.*

Name: _____

Email: _____

Returning Parents:

Please check that we can continue to use last year's info for auto withdrawal.

_____ Yes. Use last year's auto withdrawal information.

_____ No. I would like to set up a new method for my auto draft. MTZP no longer requires a form to be completed. An email link will be sent to you and is active for **24 hours**. *Thank you for writing in the email you would like the tuition link sent to.*

Name: _____

Email: _____

Please choose your preferred method:

_____ Credit Card (2.75% fee) _____ Bank Draft (free)