

North Campus
South Campus

New Hope Weekday

2019-2020 Registration

Please attach copies of Immunization Form #3231 and current insurance card

For office use only:

*Non-refundable registration fee: _____ Check #: _____ Date: _____ Received by: _____

*Immunization Form #3231: _____

*Insurance copy: _____

Name: _____ Male/Female (circle) Date of birth: _____

Class Preference: All classes are 9 am – 1 pm

_____ Babies: 1 or 2 days **M W** (if available) or **T TH** (circle day preference)

_____ Ones: 1 or 2 days **M W** (if available) or **T TH** (circle day preference)

_____ Two year old: 2 days: **M/W** or **T/TH**

_____ Two year old: 3 days: **T-TH**

_____ Two year old: 4 days: **M-TH**

_____ Three year old: 3 days: **T-TH**

_____ Three year old: 4 days: **M-TH**

_____ Four year old: 4 days: **M-TH**

Days Per Week	Registration Fee	Monthly Tuition	Total Annual Tuition
1	\$80	\$80	\$720
2	\$150	\$150	\$1350
3	\$175	\$175	\$1575
4	\$200	\$200	\$1800

A 5% discount will be given if annual tuition is paid in full by the 1st day of school.

Address _____

City _____ Zip _____ Home Phone _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

Does child live with parents? _____ If not, with whom? _____

Others who have permission to pick up child (besides mother and father):

Name _____ Phone _____ Driver's Lic. # _____

Name _____ Phone _____ Driver's Lic. # _____

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How did you hear about New Hope Weekday Education? _____

Email Address: _____

Church member? _____ If so, where? _____

Does child attend Sunday School? _____ How often? _____

Other children in family

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Medical History:

Allergies (Food, Drug, insect bites, etc.): _____

Medical conditions/concerns: _____

Current medication(s): _____

Special diet: _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Insurance Company _____ Policy # _____

Please initial **ALL** and sign below:

_____ I hereby authorize New Hope Baptist Church to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be contacted.

_____ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

_____ I understand that New Hope Weekday Program is NOT licensed and is not required to be licensed by the state.

_____ I give permission to photograph my child and use for scrapbooks, website, and/or social media.

Parent/Guardian Signature

Date

The above named participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include either or both natural or adopted parents or any legal guardian. The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consent to the participation of participant in the above referenced activity conducted under the sponsorship of New Hope Baptist Church, Fayette County, Georgia, an unincorporated association; its agents, servants, and members. In making such consent, participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission by New Hope Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate New Hope Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise accrue against New Hope Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.

Participant and custodian hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, and/or release provisions hereof shall remain in full force and effect until written notice or revocation or withdrawal is received by New Hope Baptist Church at its office at 551 New Hope Road, Fayetteville, Georgia 30214. 770-461-4337