

**Snellville Community Church Preschool & Kindergarten  
Registration Form 2026-2027**

**2428 Main St East, Snellville, GA 30078 [www.snellvillecc.org](http://www.snellvillecc.org) Office: 678-430-6010  
Fax: 678-430-6011**

**Check all that apply:** \_\_\_ Church/Preschool Staff \_\_\_ SCC Member \_\_\_ Re-enrolling \_\_\_ New Enrollee \_\_\_ Sibling attends  
Current Church Affiliation \_\_\_\_\_ Referred by: \_\_\_\_\_

Child: First Name	Middle	Last	Name Called
Date of Birth	Age as of September 1, 2026		Gender

Child resides with: \_\_\_ Both Parents \_\_\_ Mom \_\_\_ Dad \_\_\_ Other, Please Specify Whom \_\_\_\_\_  
If there is a separation or divorce settlement in the family, please provide a copy for the student's permanent record.

Primary Contact: First Name	Middle	Last
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Street Address	City	State	Zip
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Home Phone	Cell Phone	Email
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Place of Employment	Work Address	Work Phone
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Secondary Contact: First Name	Middle	Last
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Street Address	City	State	Zip
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Home Phone	Cell Phone	Email
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Place of Employment	Work Address	Work Phone
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Class Preferred	Class	Age	Days	Registration Fee	Monthly Tuition
	5 Day	Toddler	M-F	\$325	\$350
	5 Day	Two	M-F	\$325	\$285
	5 Day	Three	M-F	\$325	\$285
	5 Day	Three	M-F	\$325	\$285
	5 Day	Four	M-F	\$325	\$285
	5 Day	Kindergarten	M-F	\$375	\$310

Please note:

- We follow Gwinnett County birthday cutoff date of September 1<sup>st</sup>.
- There is a monthly sibling discount of \$25.00 per family for families enrolling with 2 or more children.
- If applicable, all preschool classes will have two teachers.
- Classes require a minimum number of students; if this is not met, we reserve the right to cancel the class.
- A \$50 activity fee will be applied in the month of August.

SCC Preschool & Kindergarten closely follows Gwinnett County Public Schools calendar. Kindergarten and all Preschool classes begin on Monday, August 17th. Early Release days will dismiss at 11:40am. We will dismiss early on December 18th at 11:40am. We are closed on Good Friday. We conclude for the summer a few days prior to Gwinnett County.

Signature parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Snellville Community Church Preschool & Kindergarten

## Child Information & Permission to Pick-Up Form School Year 2026-2027

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### In Addition to Parents Listed Above, Authorized Individuals to Whom My Child May Be Released:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to Parent \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to Parent \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to Parent \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to Parent \_\_\_\_\_ Relation to Child \_\_\_\_\_

Parents should advise the authorized individuals listed above that they will be required to present their Driver's License for verification prior to the release of the child.

Only the people listed above will be allowed to pick up the child unless prior written notification is submitted.

SCC Preschool & Kindergarten cannot legally deny access to either parent/guardian unless we have a legal restraining order, current custody decree, or specific schedule of court ordered visitation rights on file. If the situation is unclear, we request that the family resolve their differences through the legal system.

Carpool Tags are issued each school year for every family enrolled in the school. A \$5 fee will be charged for each carpool tag not returned at the end of the school year or upon withdrawal from the program.

I have read the SCC Preschool & Kindergarten Policy and Procedures Handbook and agree to abide by the terms, provisions, obligations and requirements. I understand that the school is exempt from licensing by the Georgia Department of Early Care and Learning. I have been informed that Snellville Community Church carries liability insurance, but I have released any claim as noted by my signature on my child's Registration Form. I also agree to return all carpool tags assigned to me by SCC Preschool & Kindergarten. If carpool tags are not returned, I acknowledge that I will be assessed a charge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Snellville Community Church Preschool & Kindergarten

## Permission to Dispense "Occasional" Over the Counter External Preparations

I understand that no medications will be administered at SCC Preschool & Kindergarten except for inhalers and Epi-pens for severe allergic reactions. I understand that a completed Emergency Treatment Form, signed by my Child's physician must be on file before any medication will be given at school. I understand that a change in the dosage amount will require a new form. I understand that medication may not be sent to school with my Child or in his/her backpack. I am required to bring all medication to the Preschool Office and give it to an administrator.

If it should become necessary, I hereby give any SCC Preschool & Kindergarten staff member permission to administer the following topical treatments or external preparation to my Child in accordance with the directions on the label of the container.

Please initial each topical medication or preparation for which you are giving permission.

- |   |   |
|---|---|
| <input type="checkbox"/> Band-aids                        | <input type="checkbox"/> Antiseptic first aid spray (e.g. Bactine)          |
| <input type="checkbox"/> Saline wound wash                | <input type="checkbox"/> Non-Prescription ointment (e.g. A&D<br>or Desitin) |
| <input type="checkbox"/> Baby Wipes                       | <input type="checkbox"/> Anti-Itch Cream (e.g. Benadryl)                    |
| <input type="checkbox"/> Petroleum Jelly                  | <input type="checkbox"/> Other: _____                                       |
| <input type="checkbox"/> Lotion                           |   |
| <input type="checkbox"/> Sunscreen                        |   |
| <input type="checkbox"/> Insect Repellent                 |   |
| <input type="checkbox"/> Antibiotic Cream (e.g Neosporin) |   |

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Child's Name

Parent/Guardian Signature

Date

# Snellville Community Church Preschool & Kindergarten

Dear Parent,

As part of our goal to provide the best environment and care for your child we would like to know if your child suffers from any known allergies. Please indicate below which allergies affect your child. Thank you very much for your help and please feel free to contact the Preschool Office if you have questions.

## Common Airborne Allergens

\_\_\_\_\_Mold                      \_\_\_\_\_Pet (dander, fur, feather)  
\_\_\_\_\_Dust Mites                \_\_\_\_\_Pollen

## Common Food Allergens

\_\_\_\_\_Cow's Milk                      \_\_\_\_\_Wheat                      \_\_\_\_\_Tree nuts (cashews, walnuts)  
\_\_\_\_\_Eggs                                \_\_\_\_\_Fish (bass, cod,                \_\_\_\_\_Shellfish (crab, lobster, shrimp)  
\_\_\_\_\_Peanuts                              flounder)                                \_\_\_\_\_Soy

**If your child has a food allergy, please indicate the severity of the allergy.**

\_\_\_\_\_Can not eat                      \_\_\_\_\_Can not inhale                      \_\_\_\_\_Can not touch

## Other Common Allergens

\_\_\_\_\_Chemicals                      \_\_\_\_\_Insect stings                      \_\_\_\_\_Medicines

Other (specify) \_\_\_\_\_

## Typical Reactions

\_\_\_\_\_Excessive fatigue                      \_\_\_\_\_Skin reactions                      \_\_\_\_\_Intestinal (stomach  
\_\_\_\_\_Headache                                (eczema, hives, rash)                      cramps, diarrhea)  
\_\_\_\_\_Mood changes                              \_\_\_\_\_Respiratory (wheezing,  
\_\_\_\_\_Runny nose                                rapid or shortness of breath,  
\_\_\_\_\_itchy, watery eyes                              cough)

Does your child require the use of an Epi-Pen for treatment of an allergy listed above? Yes or No

**If yes, please come to the Preschool office to sign appropriate paperwork and drop off your child's medication.**

**Comments:**

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**Child Name**

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**Parent Signature**

**Date**

**Media Release – Please Choose EITHER Grant or Deny**

SCC Preschool & Kindergarten requests your permission to photograph your Child during the year participating in various school activities. Photographs may be used on bulletin boards within the classroom/school, the school yearbook, and may be used for promotional materials. No child will be identified in any photos displayed in promotional material. Children will be identified in the school yearbook in their class group photo.

\_\_\_\_ (Initial here) I do hereby **GRANT** permission for my Child's photograph to be used by SCC Preschool & Kindergarten for the purposes listed above. I release any claims or rights that I or my Child may have to the use of the photographs as a result of his/her participation in the Preschool & Kindergarten Program.

\_\_\_\_ (Initial here) I do hereby **DENY** permission for my Child's photograph to be used by SCC Preschool & Kindergarten.

**Classroom Directory Information – Please Choose EITHER Grant or Deny**

I give my consent for SCC Preschool & Kindergarten to publish my Child's name, parents' name, address, telephone number, and family email in a Classroom Directory that will be distributed only to my Child's class.

\_\_\_\_ (Initial here) I do hereby **GRANT** permission for my Child's name, parents' name, address, telephone number, and family email to be published in a Classroom Directory.

\_\_\_\_ (Initial here) I do hereby **DENY** permission for my Child's name, parents' names, address, telephone number, and family email to be published in a Classroom Directory. **Please print my Child's name only.**

**Permission to Use the Internet (Children Enrolled in Four Year Old – Kindergarten Classes Only)**

Recognizing the fundamental role technology plays in the 21st Century, SCC Preschool & Kindergarten supports and encourages the appropriate and responsible use of technology in student learning. I understand that SCC Preschool & Kindergarten will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

**Change of Enrollment Information**

I understand that it is my responsibility to inform SCC Preschool & Kindergarten of any changes to the information on the Emergency Treatment Form and other forms in the registration packet, including, but limited to: address, phone numbers, medical conditions, and pick-up authorizations.

**Functions and Activities**

As the parent/guardian of my Child attending SCC Preschool & Kindergarten, I understand, acknowledge and assume that there are certain risks associated with activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

In consideration of SCC Preschool & Kindergarten providing services, activities, and ministries for my Child, I hereby release SCC, SCC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents from any claim that my Child may have against them as the result of injury or illness incurred during the course of participation in the activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the Child's or my family or estate, heirs, representative, or assigns may have against SCC, SCC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents. I further agree to indemnify and hold harmless SCC, SCC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents from any and all claims arising from my Child's participation in its activities and programs, or as a result of injury or illness of my Child during such activities. By signing this form, I expressly warrant that the above named Child is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the Child or me participating in the activities, whether such risks are known or unknown to me at this time.

**Authorization**

I represent that I am the parent/guardian of the above named Child. I have read the above form and am fully aware of the contents thereof. I give permission for the Child named above to participate in the activities of SCC Preschool & Kindergarten. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.

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Signature of Parent/Guardian

Date

# Snellville Community Church Preschool & Kindergarten

**Registration fees are due at the time of registration and are non-refundable.** Currently enrolled families have the option to pay registration in full or make two equal payments, with one half being paid by February 20, 2026 at the time of registration and the balance due paid on or before April 15, 2026. I understand that if the balance is not paid by April 15th, my child's enrollment will be forfeited, and the spot filled. **The Registration fee for all new students is required in full at the time of enrollment.**

## Financial Obligations

Tuition may be paid by automatic draft of checking, savings, or credit card by enrolling in Tuition Express. Tuition Express is the preferred method of payment. There is no enrollment fee or cost to use Tuition Express; however, if payment is made using a debit/credit card there is a 3% transaction fee. Payments can also be made online, by money order, personal check or credit card (Visa, American Express or Master Card). Please make checks payable to "SCC Preschool". There is a \$25.00 fee for checks that are returned for insufficient funds. Once a check is returned for insufficient funds, all future payments must be made online, by money order, or credit card (Visa, American Express or Master Card). Debit/Credit card payments will incur a 3% transaction fee.

*Please note: All payments are cashless, with the exception of lunch purchases. You may make payment online, through Tuition Express, money order or personal check.*

*I understand the nonpayment of tuition for two consecutive months, or the equivalent balance due, will result in the relinquishment of my child's place at SCC Preschool & Kindergarten.*

## Tuition Payment Procedures

Tuition is due by the 1st<sup>h</sup> of each month (July thru April), and tuition paid after the 2nd will be assessed as a \$35.00 late fee.

**The first month of tuition for all students is due July 1st. For the following months, tuition will be paid one month in advance. For students enrolling after July 1st, the first month of tuition is due upon enrollment.**

I understand that the absence of my child from class for part or all of any month does not reduce the tuition, nor does it change the method of payment as outlined. I further understand that tuition is calculated for the year, then averaged over the number of months of the school year: **tuition is the same every month regardless of the number of days of class.**

I also understand that in the event my child is withdrawn from class or asked to leave, no part of the tuition paid for the month in which the child is withdrawn is refunded. I understand that a 30-day notice is required to withdraw my child from the program. Every consideration is given to a child with special needs; however, SCC Preschool & Kindergarten reserves the right to dismiss a child for reasons regarding behavior, emotional disturbances, and health reasons should it become necessary. Please be assured that dismissal will only come as a last resort.

Holidays, snow days or any circumstance beyond our control that may result in school closings does not reduce the amount of tuition. In the event of inclement weather, school closings will be announced on local TV and radio stations. If Gwinnett County Public Schools are closed, we are also. If Gwinnett County Public Schools have a Digital Day scheduled for inclement weather, we are closed. SCC Preschool and Kindergarten will NOT make up inclement weather days unless they exceed 5 days.

I have read the regulations regarding tuition payment procedures, I fully understand them, and agree to abide by them.

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Child's Name

Signature of Parent/Guardian

Date

# Snellville Community Church Preschool & Kindergarten

## Release of Liability

In consideration of SCC Preschool & Kindergarten providing services, activities, and ministries for my Child, I hereby release SCC, SCC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents from any claim that my Child may have against them as the result of injury or illness incurred during the course of participation in the activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the Child's or my family or estate, heirs, representative, or assigns may have against SCC, SCC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents. I further agree to indemnify and hold harmless SCC, SCC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents from any and all claims arising from my Child's participation in its activities and programs, or as a result of injury or illness of my Child during such activities. By signing this form, I expressly warrant that the above named Child is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the Child or me participating in the activities, whether such risks are known or unknown to me at this time.

## Proof Of Insurance

Please fill out the information regarding your child's Health insurance below. This information is used only in case of emergency and will be kept confidential.

Please circle: Health coverage- Yes or No.

If yes, Insurance provider \_\_\_\_\_

Policy Number \_\_\_\_\_

## Authorization

I represent that I am the parent/guardian of the above named Child. I have read the above form and am fully aware of the contents thereof. I give permission for the Child named above to participate in the activities of SCC Preschool & Kindergarten. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Student Survey

As your child's teacher, I would like this school year to be the best one he/she has ever had so I am asking for your help. I have found that the more I know about my students, the easier it is for me to help meet their individual needs. For that reason, I would appreciate it if you could take a few minutes to answer the questions below. If you do not feel comfortable answering a question, just skip it. Thank you so much for your time!

Child's Name:

Date of Birth:

What name would you like on your child's name tag, cubbies, etc.?

Sibling Name(s) and Age(s):

1. Does your child have any allergies or take any medication? If yes, please explain.

2. Does your child have any special needs?

3. Is your child receiving any therapies (speech, physical, occupational, aquatic, hippo, ABA, etc.?) If yes, please provide details.

4. What is your child's primary language spoken? Are any other languages spoken in the household?

5. Is your child fully potty trained? If not, are they in diapers, pull-ups or underwear?

6. Does your child have any previous school experience?

7. Has your child ever exhibited any aggressive behavior towards other children such as biting or hitting?  
If yes, please explain.

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8. Does your child enjoy being with other children?

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9. Please describe your child's feelings about school. Is he/she excited, apprehensive, etc.

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10. Does your child have a pet? If so, what kind and name?

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11. Please tell me about your child's interests, favorite activities or toys, etc.

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12. How do you feel I can best help your child this year? What would you like him/her to accomplish?

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13. A good teacher for my child is one who...

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14. Is there anything else you think your child would like me to know about him/her?

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15. Would you like to become involved in the classroom or school? Are you interested in helping in any particular area?

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# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER

#### FOR OFFICIAL USE ONLY

_____
Date Received
_____
Employee Signature

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