



2018-2019 Brenwood Academy Pre-K Program Fee Structure

Tuition:

As a provider of the Georgia Lottery-funded Pre-K program, Brenwood Academy does not charge any form of tuition or fees for the 6.5 hour instructional time of the Pre-K day. All tuition for the instructional time delivered during the Pre-K day is paid for by the state, in exchange for which parents agree to adhere to the Pre-K program attendance policies.

Meal Fees:

Meal charges will be due **on or before** the first day of each month and are calculated based on the number of days school is anticipated to be in session each calendar month of the school year. Meal charges are not adjusted for days your child does not attend school, including any days where there may be an unexpected school closure. If the first day of the month falls on a weekend or on a Pre-K school holiday, payment is due on the preceding scheduled school day. Meal fees for the month of August, 2018 are due on or before the first day of school. Children who provide a doctor’s note meeting the requirements of the Brenwood “Criteria for Sack Lunches” and/or children who participate in Food Stamps, SSI, Medicaid, TANF, or CAPS are not assessed monthly meal fees so long as documentation showing proof of current participation in one of these programs is provided to the school. Documentation regarding changes in status that occur after the first day of school must be provided to Brenwood Academy before there can be any change in billing. Late fees will be assessed for meal charges not paid on time. If proof of participation is not provided by the time meal fees are assessed, then meal fees are still due and non-refundable.

Before/After School Care:

The state of Georgia pays tuition only for the Pre-K instructional day and does not pay for before or after school care. Brenwood Academy offers before/after school care all hours that the center is open. The cost for before/after school care is \$80.00 per week. Upon enrollment in the before/after school program, a refundable deposit is due in the amount of \$160.00; this amount will be used to pay your child’s last two weeks of before/after school fees upon written two week notice of your intent to withdraw your child from the school or from this program. Tuition for the before/after school program is billed in advance on a weekly basis on Wednesdays and must be paid by the end of the day on Friday for the coming week. Late fees will be assessed at the close of business on Friday for all unpaid before/after school accounts. Once you have enrolled in this program, tuition is due regardless of your child’s attendance in before/after school including days that school is not in session. Before/after school care is also available on a drop-in basis and is billed at the rate of \$10.00 per hour with a three-hour minimum charge (\$30.00).

Child Care for School Holidays and Breaks:

For days on which Pre-K is not in session but the center is open, child care is available to Brenwood Academy Pre-K students. These times include scheduled break weeks as well as parent/teacher conference days when school is not in session. Child care is available to Pre-K students enrolled in after school during these days at a rate of \$195.00 per week. After care is available to students not currently enrolled in after care for a weekly rate of \$200.00 or a prorated amount of \$45.00 per day. Child care expenses for these days will be billed as they occur and will be due in full by the end of the week in which they occur. Late fees will be assessed for child care expenses not paid on time.

CHILD’S NAME: _____

Parent/Guardian Date

Parent/Guardian Date

Resources for Important Information Regarding Brenwood Academy's Georgia Lottery Pre-K Program

www.brenwoodacademy.com

Our school website is a valuable reference tool regarding our Pre-K program and many other aspects of Brenwood Academy. Our **Parent's Handbook of Policies and Procedures** may be found on this site; all families are responsible for reading the Parent's Handbook and understanding its contents. You can also find helpful information such as our school calendar, weekly menus, monthly newsletters, and more. In order to access the Parent Section of the website, you must send a request for parent access and create a user name and password. New families enrolling at Brenwood Academy will not be permitted to access the Parent Section of the website until the school year begins and your child is in attendance. If you encounter difficulty requesting a parent login please let our front desk staff know so that we may assist you.

<http://gelds.dec.state.ga.us/Resources.aspx> AND <http://dec.state.ga.us/Prek/Families.aspx>

These sites will take you to videos developed by the Bright from the Start: Georgia Department of Early Learning where you can view a very beneficial Georgia Pre-K Parent Orientation video and also a video-version Georgia Pre-K Family Handbook. The videos provide an overview of the new Georgia Early Learning and Development Standards or "GELDS" as well as a glimpse into a typical Pre-K classroom learning environment.

<http://www.dec.state.ga.us/Prek/Newsletters.aspx>

This site will take you to monthly newsletters developed by Bright from the Start that complement the Pre-K curriculum and provide suggestions on how parents can become more engaged with their child at home and participate in activities that will reinforce aspects of the curriculum your child will be learning.

By signing below, I/we acknowledge the following important information:

- An electronic copy of the Brenwood Academy **Parent's Handbook of Policies and Procedures** is available on the school website – www.brenwoodacademy.com. I may also request a printed copy of the Handbook if I do not have access to a computer. All Pre-K student families are responsible for reading the Parent's Handbook of Policies and Procedures and for understanding its contents.
- I/we have received a copy of the **Brenwood Academy Pre-K Program Fee Structure 2018-2019.**
- I/we have received a copy of the **Brenwood Academy Pre-K Monthly Meal Fees for 2018-2019.**
- I/we have been notified that every student enrolled in Pre-K MUST provide their birth certificate on or before the first day of school to document the child's age eligibility to participate in the Georgia Pre-K program. I/we acknowledge that if my/our child's birth certificate is not on file with the school, my child will NOT be permitted to attend school until the birth certificate has been provided.

CHILD'S NAME: _____

Parent/Guardian

Date

Parent/Guardian

Date



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 VISA AND MASTERCARD 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) _____ Checking Savings

Authorized Signature _____ Date _____

Brenwood Academy
After School Program Registration Form



Child's Name: _____

Date of Birth: _____

Allergies or Health Concerns:

Fee Structure:

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Parent Name: _____

Signature: _____

Date: _____

Getting To Know You

Please take a few moments to fill out our questionnaire to further help us to know you and your child better. We know you might have filled out some of this information, but this will stay in our classroom. Thank you!

1. What are your child's strengths?
2. What are your child's weaknesses?
3. What are your goals for your child in Pre-K?
4. What are your child's fears?
5. What name do you want your child to write? (example: if their name is Elizabeth and you call them Lizzy, do you want them to practice writing Elizabeth or Lizzy)
6. When learning parent's names, what name would you like your child to learn? (example: if your real name is William and people call you Bill, in an emergency situation which name would you want your child to know)
7. What are your professions/jobs? (in case you would like to be a guest speaker during Community Helpers week)
8. What is your child's favorite thing to do?
9. How many brothers/sisters does your child have? Please list names and ages.
10. Please list type of family pets and their name.
11. Questions or concerns that I might have.
12. Would you like to be placed on an email/phone distribution list for the class? (This will be used for weekly communication as well as for a class contact list.)

Parent name: _____

Email: _____

Phone number: _____



Enrollment Record

Child's Social Security Number:	Entrance Date:	Withdrawal Date:
Child's Full Name:	Sex:	Age:
Date of Birth:		
Child's Address:	Child's Home Telephone:	
Father's (or Guardian's) Name, Address & Telephone (if different):		Father's Social Security Number:
Name & Address of Employer:	Work Hours:	Work Telephone:
Mother's (or Guardian's) Name, Address & Telephone (if different):		Mother's Social Security Number:
Name & Address of Employer:	Work Hours:	Work Telephone:
Mother's Cell Phone:	Father's Cell Phone:	
Marital Status & Child's Living Arrangements (if divorced, provide proof of custody):	E-mail address:	

Parental Agreement with Brenwood Academy

1. Brenwood Academy agrees to provide child care/pre-school for _____ (name) on _____ (days of the week) from _____ to _____ (time).
2. The Child may be released to the parents signing this agreement or to the following:
 Name & Relationship: _____ Address: _____ Telephone: _____

3. I agree to pay the total weekly/monthly fee of \$_____ on the preceding Wednesday of each week/first of the month.
4. My Child will require transportation to/from _____ (school). Deliver at _____ a.m.; pick up at _____ p.m.
5. Should my child become ill during the time that he/she is in the care of Brenwood Academy, or suffer an accident of any nature, the center shall undertake to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent shall assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc. where I may be reached.
6. Emergency contact when parents cannot be reached:
 Name & Relationship: _____ Address: _____ Telephone: _____

7. Physician to be contacted when parents cannot be reached:
 Name: _____ Address: _____ Telephone: _____

8. Does child have any allergies? No? _____ Yes? _____ Please List: _____
 Medical/mental/emotional problems or any special procedures required for the care of your child? No? _____ Yes? _____
 List: _____

Father's Signature:	Date:	Mother's Signature:	Date:
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Enrollment Agreement

I/We have received, read, understand, and agree to the conditions and statements noted in the Brenwood Academy Parent's Handbook.

I/We understand and agree that before any medication is dispensed to my child, I will provide written authorization, which includes: date, name of child, name of medication, prescription number (if any), dosage, and the date and time of day that medication is to be given. All medicine will be in the original container with my child's name marked on the label.

I/We understand and agree that my child will not be allowed to enter or leave the facility without being escorted by the parent, person authorized by the parent, or facility personnel.

I/We acknowledge that it is the parent(s) responsibility to keep the child's records current to reflect any significant changes as they occur, for example: telephone numbers, work locations, emergency contacts, child's physician, child's health status, infant feeding plans every three months or more if needed and immunization records, etc.

I/We acknowledge that the facility will keep the parent(s) informed of any incidents, including illness, injuries, adverse reactions to medication, etc., which affect my child.

I/We understand and agree to provide the center with written authorization before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

I/We understand and agree that Brenwood Academy's policy on withdrawal from the center is as follows: Two weeks notice is required in writing from the parent indicating the final date of attendance. All tuition and any other charges due will be paid for in full prior to the withdrawal date. Two weeks tuition may be paid in lieu of notice. I/We further agree that if two weeks notice is not provided, that the parents is still liable for the tuition and if not paid, the matter will be forwarded to the proper authorities for collection. If your child is enrolled in Kindergarten or a higher elementary grade, the terms of your Brenwood Academy Enrollment Contract set forth the policies on withdrawal that apply to your child and the terms of your contract supersede the terms described above.

I/We understand and agree that Brenwood Academy reserves the right to expel my child from the program at any time during the agreement term, to refund any prepaid tuition or charges, and to cancel this agreement at will. Expulsion from the program generally results from one of the following but does not represent all conditions: repeated unruly behavior of the child, non-payment of fees, mutual agreement between center and parent.

I/We understand that this agreement is valid only for the agreement term, and that to re-enroll our child in future sessions, a new Enrollment Agreement must be signed. Furthermore, the information on this form supersedes like information on all other enrollment documents.

I/We understand that prices are subject to change and by signing this Enrollment Agreement we agree to pay new rates as they apply to our child.

I/We agree to enroll the following child at Brenwood Academy, in the program noted, and to pay the tuition, deposit, and required charges (if any) in the manner described in the Parent's Handbook.

I/We understand that if payment is not made and is 60 days past due, our account is subject to be turned over for collection. Legal action may be pursued. Legal fees, court costs and interest may be added. I/We further agree to pay all costs of collection, including costs of a collection agency if the account is turned over to a collection agency.

Child's Name:	Age:	Program/Days:	Tuition:
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Father's Signature at Enrollment:	Date:
Mother's Signature at Enrollment:	Date:
Director's Signature at Enrollment:	Date:

Parent's Signature at Withdrawal:	Date:
Director's Signature at Withdrawal:	Date:



Information for the Teacher

Enrollment Date:		Withdrawal Date:	
Child's Name:		Date of Birth:	Age:
Address:		Telephone:	
Father's Name:		Mother's Name:	
Child resides with:			
Number of Siblings:	Name:		Age:
	Name:		Age:
	Name:		Age:
Program Attending:		Days Attending:	
My child will participate in the following meals: <div style="text-align: right; margin-right: 50px;"> Breakfast: _____ Lunch: _____ P.M. Snack: _____ </div>			
Food Likes & Dislikes:			
Child's Allergies:			
Current Prescribed Medication:			
Child's Special Medical Needs & Mental/Emotional Conditions:			
My child has a fear of:			
My child loves (example: books, board games, blocks, quiet time, etc.):			
When outdoors, my child really likes (example: to swing, run, play in the dirt, etc.):			
Activities we do at home:			
Parent or Guardian Signature:			Date:



BRENWOOD
ACADEMY

Child's Health Record

Child's Name:	Date of Birth:	Age:
Address:		
Father's Name:	Work Telephone:	
Mother's Name:	Work Telephone:	
Check illnesses child has had:		
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	
<input type="checkbox"/> German Measles	<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Strep Throat	
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> None	
Allergies:		
Drug Reactions:		
Contact with Tuberculosis? Yes _____ No _____		
If Tuberculin Test Given:		
Date:	Results:	
Any surgery, accidents, other illnesses or special problems:		
Immunizations:	Date of Immunization:	
DTP, DTap, DT, or Td	_____	
Hepatitis B	_____	
Hib	_____	
OPV	_____	
IPV	_____	
MMR	_____	
Varicella	_____	



BRENWOOD
ACADEMY

Vehicle Emergency Medical Information

Child's Name:	Date of Birth:
Address:	

Father's Name:	Father's Cell Phone:
Father's Home Phone:	Father's Work Phone:
Mother's Name:	Mother's Cell Phone:
Mother's Home Phone:	Mother's Work Phone:

Emergency Contact:	Emergency Contact's Phone:
Child's Primary Doctor:	Primary Doctor's Phone:
Medical facility that the center uses: Northside Cherokee -or- nearest facility	

Child's Allergies:
Current Prescribed Medications:
Child's Special Medical Needs and Conditions:

In the event of an emergency involving my child, and if Brenwood Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent or Guardian Signature:	Date:
Witnessed By:	Date:



BRENWOOD
ACADEMY

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for Brenwood Academy at 8991 East Cherokee Drive, Canton GA 30115, to record the participation and appearance of my child _____, by photograph and/or videotape in connection with daily campus and off campus activities for the purposes of news releases, reporting, and assessing the progress of children and the program.

Brenwood Academy and its contractors are authorized to exhibit or distribute such photographs and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that Brenwood Academy deems appropriate. Such photographs and/or videotape may, for example, appear in printed or visual materials for Brenwood Academy or on Brenwood Academy's website.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Brenwood Academy and any other entities contracted by the provider from any actions, agreements, claims, controversies, demands, judgements, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

SIGNATURE (parent/guardian): _____

Date: _____



Evidence of Health Check

**To be completed by Physician
Or Health Department**

To whom it may concern:

Brenwood Academy requires that current, written records are maintained for each child, including the results of a complete health evaluation by an approved health care resource within six (6) months prior to enrollment, records of immunizations, and pertinent health history (such as allergies or chronic conditions). Children are also required to have received the necessary immunizations as recommended for their age by the American Academy of Pediatrics. Written health records must be current and demonstrate regular health evaluations; the American Academy of Pediatrics recommends every six (6) months for children under 2, every year for children 2 to 6, and every 2 years for school age students.

Please take a few minutes and complete the portion below and indicate the date that a complete health evaluation on the named child was performed and briefly note the results of the evaluation.

Form may be returned by fax at the number provided below, in person at our office location, or scanned and emailed to info@brenwoodacademy.com

Thank you for your cooperation,
Brenwood Academy

Child's Name: _____

Name of Physician or
Health Department: _____

Date of evaluation: _____

Results of evaluation: _____

Authorized signature of
Physician: _____

Today's Date: _____