



Good Shepherd Preschool

3740 Holtzclaw Road, Cumming, GA 30041 (470) 695-7761

Website www.gsccc.net Email preschool@gsccc.net

Tuition and Fees

2023-2024

The Enrollment Fee is \$120 per child or \$220 for families with more than one child enrolled.
Enrollment fees and activity fees are non-refundable if you must withdraw from our program.
A 10% tuition discount is given to each additional child (in immediate family).

18 Month Program:

Must be 18 months and walking by September 1, 2023

Class	Ratio	Days	Tuition/month	Activity Fee/year
2-day 18mo - Twos	10:2	Tuesday/Thursday	\$225.00	\$50.00

Two Year Old Program:

Must be two by September 1, 2023

Class	Ratio	Days	Tuition/month	Activity Fee/year
3-day Twos	10:2	Monday/Wednesday/Friday	\$260.00	\$60.00

Three Year Old Program:

Must be three by September 1, 2023

Must be potty trained or actively working on training

Class	Ratio	Days	Tuition/month	Activity Fee/year
3 day Threes	12:2	Monday/Wednesday/Friday	\$260.00	\$60.00
5 day Threes	12:2	Monday-Friday	\$330.00	\$80.00

Four Year Old Pre K Program:

Must be four by September 1, 2023

Must be potty trained completely

Class	Ratio	Days	Tuition/month	Activity Fee/year
4 day Pre K	14:2	Monday-Thursday	\$295.00	\$70.00
5 day Pre K	14:2	Monday-Friday	\$330.00	\$80.00

All students must have a current 3231 immunization form on file in the preschool by the first day of school. A 3231 form may be obtained from your pediatrician.



Good Shepherd Preschool

3740 Holtzclaw Road, Cumming, GA 30041 (470) 695-7761

www.gsccc.net

Enrollment Form

2023-2024

Preferred

Child's Name _____ Name _____

First

Middle

Last

Date of Birth _____ Male _____ Female _____ Previous School _____

Address _____

City _____ Zip _____ Home Phone _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

Is your child receiving services for any developmental delay? Yes/No If yes, list below what services and where _____

Medical/food allergies? Yes / No Medical conditions? Yes / No Developmental Concerns? Yes / No

If yes to any, please list below: _____

If yes to allergies does your child require an epi-pen? _____

Mother/Legal Guardian Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Email Address _____

Father/Legal Guardian Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Email Address _____

Catholic? ☐ Yes ☐ No

Registered Member of The Church of the Good Shepherd: ☐ Yes ☐ No

How did you hear about us? _____

Class and Days Desired:

18mos-2yrs - T/TH

2yrs - M/W/F

3yrs - M/W/F

3yrs - M-F

Pre K - M-TH

Pre K - M-F

Office Use Only: Date _____

Class _____ Initial _____

\$ _____ Ck# _____



Good Shepherd Preschool

3740 Holtzclaw Road, Cumming, GA 30041 (470) 695-7761

www.gsccc.net

Pick Up Authorization Form

2023-2024

Child's Name _____

The above named child may be signed out only by the following people (please **include both parents, if applicable**) for the 2023-2024 school year. We will require identification of each person when signing the child out of class. **Your child will not be released to anyone not listed below.** No exceptions will be made. We cannot accept verbal or email changes to this list. Changes to this list must be completed in writing, initialed and dated by the parent, in the Preschool office.

Name	Cell Phone Number	Relationship to Child	Parent Initial & Date

In the event that a student has a custody arrangement involving a court order, we must have a copy of the legal documentation outlining authorization of or denial of custody. No verbal or written changes will be made without legal documentation presented to the Preschool office.

Parent's signature _____ Date _____

All information disclosed on this form will be kept strictly confidential.



Good Shepherd Preschool

3740 Holtzclaw Road, Cumming, GA 30041 (470) 695-7761

www.gsccc.net

Permission Form

2023-2024

Child's name _____

Please initial each item below and sign at the bottom of this form

_____ I authorize the preschool staff to provide basic first aid care should my child suffer an injury or become ill while attending the preschool. Parents will be called if child needs medical attention other than ice, band aid or tender loving care.

_____ I release and relieve The Catholic Church of the Good Shepherd and the Archdiocese of Atlanta from any responsibility or liability for any claims arising from the publication or reproduction of any photographs of the above mentioned child. I also understand that the photography is being done with the knowledge and approval of The Catholic Church of the Good Shepherd and that this signed release is on file at The Catholic Church of the Good Shepherd.

_____ I understand that Good Shepherd Preschool will use email to communicate with our families. It is our policy that email addresses will not be provided to those outside our preschool community. Parents may not use preschool email addresses to forward emails that do not pertain directly to preschool activities.

For the following items, please initial if you are giving us permission OR mark with a large X if you are not giving permission.

_____ I give permission for my child to be photographed or videotaped for activities essential to the preschool program, such as memory books, projects and class/hallway decoration. I understand enrolled preschool families may videotape or photograph my child as the class participates in activities.

_____ I give permission to forward the below email address to the Preschool PTO Coordinator and my child's Room Parent. He/She will use this to inform me of volunteer opportunities and various other preschool related events.

_____ I give permission for the office staff at Good Shepherd Preschool to post pictures of my child during various activities of the school day on the Good Shepherd Catholic Preschool Facebook page.

Preferred Email Address _____

Preferred phone numbers _____ & _____

Name of cell phone owner _____ & _____

Parent/Legal Guardian Signature

Date



Good Shepherd Preschool

3740 Holtzclaw Road, Cumming, GA 30041 (470) 695-7761

www.gsrcc.net

Financial Agreement

2023-2024

All Enrollment and Activity Fees are Non-Refundable.

Parent/Legal Guardian Name(s) _____

Child _____ Birthdate _____ Class _____

- Enrollment Fee and Activity Fee's are due upon enrollment. These fees may not be applied to any outstanding tuition.
- The annual tuition is divided into nine (9) equal tuition payments, payable in advance. The first payment is due on August 1, 2023. Payments are due on the 1st of each month thereafter through April 1st.
- If you must un-enroll your child, notification must be received by the 15th of the month in order to not be responsible for the following months tuition.
- Payments received after the **7th of the month** will be assessed a \$20 late fee.
- A \$1.00 per minute late fee will be charged when the child is picked up late for any reason. This is necessary to remain in compliance with our "Exempt from Licensing" status. A late fee will be assessed after 1:10pm.
Excessive late pick up may result in termination of your child's enrollment.
- There is no financial compensation for a child's absence due to illness, a family trip or other personal reason.
- The preschool will close for major holidays, legal holidays, teacher workdays, and inclement weather days (according to the Forsyth County Schools). *GSP may be closed at any time at the discretion of the Director and Pastor when necessary.* There is no financial compensation for these closings.

Parent/Legal Guardian Signature

Date



Good Shepherd Preschool

3740 Holtzclaw Road, Cumming, GA 30041 (470) 695-7761
www.gsccc.net

Enrollment Agreement

2023-2024

Child's name _____

I understand:

- ✓ All enrolled families must read and abide by the policies and procedures in the Family Handbook.
- ✓ My child will play on the playground or in the gym as part of his/her day.
- ✓ My child enrolled in the 4s, must be self-sufficient in the bathroom. Pull-Ups are not considered potty trained.
- ✓ My child enrolled in the 3s, must be actively working on potty training if not completely potty trained.
- ✓ If enrollment drops below a level sufficient to maintain the class, it may be necessary to cancel the class and, when possible, the children will be offered places in another class. Tuition monies not used will be refunded.
- ✓ Good Shepherd Preschool is not required to be licensed by Bright from the Start and is under the supervision of the Archdiocese of Atlanta Office of Catholic Schools. GSP receives at least two Quality Assurance visits per year and operates under Guidelines for Parish Early Childhood Programs.
- ✓ **It is my responsibility to communicate to the preschool any special services my child is receiving for speech, OT, PT, behavioral therapy, Babies Can't Wait, etc. This information will be kept confidential by the preschool.**
- ✓ I will provide a medical care plan signed by a physician if my child has allergies, medical conditions, or dietary restrictions that must be accommodated for them. GSP will provide the form.
- ✓ I will provide an inhaler or epinephrine auto-injector with a physician's authorization for use if my child has a medical condition requiring an inhaler or epinephrine auto-injector. Inhalers and epinephrine auto-injectors must be available prior to my child's attendance to GSP.
- ✓ GSP will be in session according to the official preschool calendar.
- ✓ **Children must have a current (not expired) Georgia Immunization Form 3231, on file by the first day of school, to attend classes as required by Georgia law. Per Archdiocese guidelines, we do not accept religious waivers.**

As a small, private preschool, our resources are limited. We do not employ any special education teachers on staff and cannot make any guarantee about our ability to provide an adequate and appropriate educational setting for a child with special needs. We will make an effort to accommodate a child's special needs, however, when a child's special needs prevent us from providing the program described in our family handbook, it may be necessary for the family to find a suitable alternative program for the child.

Parent/Guardian Signature _____ Date _____