

North Campus   
South Campus

# New Hope Weekday 2023-2024 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** or **T/TH** (circle day preference, subject to availability)

\_\_\_\_\_ Ones: 1 or 2 days **M/W** or **T/TH** (circle day preference, subject to availability)

\_\_\_\_\_ Two year old: 2 days **M/W,T/TH** or  
3 days or 4 days

\_\_\_\_\_ Three year old: 3 days or 4 days

\_\_\_\_\_ Four year old: 4 days

Days Per Week	Registration Fee	Monthly Tuition	Total Annual Tuition
1	\$150	\$150	\$1,350
2	\$190	\$190	\$1,710
3	\$220	\$220	\$1,980
4	\$240	\$240	\$2,160

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. # \_\_\_\_\_

Email Address: \_\_\_\_\_

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Church member? \_\_\_\_\_ If so, where? \_\_\_\_\_

Other children in family

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Medical History:**

Allergies (Food, Drug, insect bites, etc.) and Medical Conditions: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Special Diet: \_\_\_\_\_

Please initial **ALL** and sign below:

- \_\_\_\_\_ I hereby authorize New Hope Baptist Church to take my child to a 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I have read the Safety Protocol Agreement and agree to adhere to all policies.
- \_\_\_\_\_ By enrolling my child at New Hope Weekday, I assume all risks related to exposure to COVID-19.

\_\_\_\_\_  
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