



Program and Tuition Information

Welcome, we are delighted that you are interested in our facility. Listed below are the tuition rates for the various age groups and other pertinent information about our facility. If you have any questions concerning rates or programs, please feel free to speak with the Center's Director.

Programs	Tuition	
Hours 6 am -8 pm		
(Tuition includes breakfast, a hot lunch and afternoon snack)		
Infants I (6 wks - 12 mos.)	1 to 4 ratio	\$174.00 or \$716 mo.
Toddler One (13 mos. - 23 mos.)	1 to 8 ratio	\$156.00 or \$642 mo.
Toddler Two (2 years)	1 to 10 ratio	\$152.00 or \$625 mo.
Pre School (3 years)	1 to 15 ratio	\$147.00 or \$605 mo.
Private Pre School (4 years)	1 to 18 ratio	\$141.00 or \$580 mo.
Advanced Private Pre-K (4/5 Year Olds)	1 to 15 ratio	\$142 or \$580 mo.
Part-Time (minimum 3 day program)		\$132 or \$543 mo.
Drop-In Rate (Based upon availability) must be paid before service is rendered		\$44.00 under 3 / \$37.00 over 3
Before School Care		\$61.00 or \$251 mo.
After School Care		\$73.00 or \$300 mo.
Before & After School Care + pick up		\$83.00 or \$341 mo.
Each additional child attending same school		\$56.00 or \$230 mo.
School Closing		Additional \$16.00 per day
Early Release		Additional \$10.00 per day
Spring Break & Summer Camp		\$126.00/week
Registration Fee		\$65.00 annually

5% yearly savings for tuition paid on a monthly basis. Must be paid on the 1st of the month.

Hours of Operation: Monday through Friday, 6:00 a.m. until 8:00 p.m

Late Pick Up Fees: A late pick-up fee of \$5.00 for the first 10 minutes, then \$1 for each additional minute for pick-ups after the designated time block your child is enrolled in. All late pick up fees should be paid in cash on the evening of the late pick up.

Drop-off Time: All children shall be dropped off no later than 9:30 a.m. If they are not dropped off prior to 9:30 a.m. they may not be dropped off until 2:00 p.m. - 3:00 p.m. unless accompanied with a doctor's note. No drop offs will be allowed after 3:00 p.m.

Drop-off Lane: Is for Infant parents ONLY (6 weeks - 12 months). All other parents **MUST** park in the parking spots available. Please do not block the drive area.

Registration Fee: A non-refundable \$65 registration fee will be paid by all parents at the time of enrollment, and annually in September thereafter. If you have two (2) or more children enrolled, full registration fee of \$65 will be assessed for the first child, and \$25, for each additional child.

Discounts: Parents with multiple children enrolled in the center will receive a 10% discount off the tuition cost for the oldest child unless you are already receiving the additional child attending the same school discount. Military and teacher discounts are 10% off the total not to be combined with any other discounts such as multiple child discount.

Parent Referral Program: Parents who refer other parents that enroll their child/ren into Grayson Academy will receive 15% off one month's tuition once the newly enrolled child has been enrolled for two months.

Payment Terms and Conditions: Weekly tuition payments are due on Monday morning upon arrival. A \$25 late fee will be assessed after 8:00pm Monday if payment has not been received. Tuition may be paid weekly, bi-weekly, or monthly as long as it is paid in advance. Monthly payments are due the 1st day of the month. Monthly Payments

received after the 1st will be charged a 5% late fee. Any account carrying **any** balance by close of business on Tuesday for the **current** week your child/ren will be unable to attend Wednesday morning and on, until the full balance is cleared out. By Tuesday of each week, each account should have a zero balance. No payment agreements or arrangements will be made, if there is a balance your child can not attend until the balance is brought to zero. Accounts that have to be turned around Wednesday morning due to non-payment or continued weekly collection attempts more than 6 times in a calendar year will be dis-enrolled from the program. Any accounts with a balance still remaining the next week will continue to incur a \$15 non-payment charge weekly until the account is brought to a zero balance. Account will be turned over to Gwinnett Magistrate Court for collections after 45 days. Yearly tax statements will only be printed and given to accounts that have a zero balance.

Payments: Payments may be made using Personal Check, Money Order or Cashier's Check, Debit or Credit Card or Cash. Please make your check payable to: **Grayson Academy**.

Return Check Fee: All return checks will be subject to a \$35.00 return check fee. After one (1) returned check, only certified funds will be accepted (money order, debit card/credit card or cash).

Absences/Vacation: If your child is absent for an entire week, for any reason, you are responsible for a holding fee. The holding fee will be half (½) of the regular weekly tuition, without deduction for absences. After one (1) year of continued enrollment at Grayson Academy, each family shall be granted one (1) week of vacation absence at no charge. Two weeks written requests will be required prior to vacation credit being taken.

Center Holiday Closing: New Year's Day, MLK Jr. Birthday Observance, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (Thurs. & Fri.), Christmas Eve, and Christmas Day. Additionally we will observe any unscheduled closing observed by the Public School System due to inclement weather conditions. The weekly tuition price for any holiday closing does not change.

Weather Closing (Gwinnett County Public Schools): If we attend for at least 3 days of the week the full tuition will be due. If your child did not attend at all the 3 days that we were open your account will be charged 50% of your normal tuition. If we attend less than 3 days 25% of the tuition for each day that we attend will be due. If your child did not attend any of the days we were open 25% of the normal tuition is still due.

Withdrawal/Termination of Enrollment: Grayson Academy requires two (2) weeks written notice prior to withdrawal/termination of enrollment. Failure to do so will result in parent's account being billed the full two week's tuition, for which, you will be responsible to pay. Yearly tax statements will only be printed and given to accounts that have a zero balance.

Live Surveillance Security Monitoring: This facility has "Live Surveillance" monitoring and offers internet viewing of classrooms to parents of currently enrolled students. All interior classrooms, hallways, exterior exits and playground of Grayson Academy, are monitored via a live surveillance security system.

I have read the program and tuition information, and agree to abide by the policies and procedures set for by Grayson Academy. I understand that failure to comply may result in termination of enrollment.

Parent's Signature

Date

How did you hear about us? Website [<input type="checkbox"/>] Drive By [<input type="checkbox"/>] Billboard [<input type="checkbox"/>] Facebook [<input type="checkbox"/>] Word of Mouth [<input type="checkbox"/>] Referred By: _____



Enrollment Application

Entrance Date:	4 digit I.D. #	Withdrawal Date	
Child's Name		Sex:	Age:
		D/O/B	
Home Address		City/State/ZIP	
Mother's Name/Home Address, if different from child's			Telephone # H or C
Place of Employment/Address of Employment			Work Phone #
Father's Name/Home Address, if different from child's			Telephone # H or C
Place of Employment/Address of Employment			Work Phone #
Alternate Phone #s:		Cellular Phone #	Text Message Okay? Y or N
Child's Living Arrangements:	Both parents []	Mother []	Father []
			Other []
Child's Legal Guardian(s)	Both parents []	Mother []	Father []
			Other []
The child may be released to the person(s) signing this agreement or the to following (address and phone number required):			
1.	Address/Phone #		Relationship:
2.	Address/Phone #		Relationship:
Persons to contact in the case of an emergency when parents cannot be reached (address and phone number required):			
1.	Address/Phone #		Relationship:
2.	Address/Phone #		Relationship:
Name of public or private school child attends, if any:			
Child's Physician or Clinic's Name (Child's Primary Health Source) - Name and Number REQUIRED Office Phone #:			
The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:			
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____			
Signed: Parent(s)/Guardian			Date:



EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer any injury or illness
Child's Name Date of Birth

while in the care of Grayson Academy and Grayson Academy is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep Grayson Academy informed of changes in telephone numbers, emergency contacts, and where I can be reached.

Grayson Academy agrees to keep me informed of any incidents requiring professional medical attention involving my child. In the event my child should require professional medical attention while in the care of the center, I understand that my child will be transported to the nearest medical facility, which is:

**Eastside Medical Center
1700 Medical Way
Snellville, GA
(770) 736-2551**

My child's primary source of health care is:

Physician/Clinic Name (REQUIRED) Telephone No. (REQUIRED)

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

Signature of Parent/Guardian Date Telephone



PARENTAL AGREEMENT

1. **Grayson Academy** agrees to provide day care for _____ on _____ from _____ a.m./p.m.
Name of child *days of week*
 until _____ a.m./p.m., from _____ to _____.
Month *Month*
2. My child will participate in the following meal plan (circle applicable meals and snacks) breakfast; morning snack; lunch; afternoon snack;
3. I understand that if my account has **any** balance by close of business on Tuesday for the current week that my child/ren will be unable to attend Wednesday morning and on, until the full balance is cleared out.
4. Before any medication is dispensed to my child, I will provide a written authorization, which includes; date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
5. My child will not be allowed to enter or leave Grayson Academy without being escorted by the parent(s), person authorized by parent(s) - (18 and over), or facility personnel. No child should ever be unattended in the building.
6. I acknowledge that the cutoff time for drop off at school is 9:30 am unless my child arrives with a doctor's note stating they were being seen at the doctors. If the child does not arrive prior to 9:30 am the child cannot be dropped off until 2:00 pm - 3:00 pm. No drop offs will be allowed after 3pm.
7. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
8. I acknowledge it is my responsibility to have an active security door access card at all times. If I lose my original issued security card it is my responsibility to immediately purchase a new card to gain access to the secured facility.
9. I acknowledge and understand that the drop off lane in front of the childcare is for infant parents only (6 weeks - 12 months old) to park. Any other parents are required to park in a parking spot. Parking in the driveway or anywhere other than a parking spot is prohibited.
10. Grayson Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child. Children with contagious illnesses are not allowed to attend the center. Should my child become ill during operating hours, has a temperature of 100 degrees or higher, is vomiting or has a loose stool, I will be contacted to pick my child up. Once called I understand my child must be picked up within one (1) hour. I further understand that my child will not be allowed to return until he/she is symptom free and fever free without fever reducing medicine for 24 hours, or has a physicians notice to return to day care.
11. Grayson Academy agrees to obtain written authorization from me before my child participates in field trips, special activities away from Grayson Academy, and water-related activities occurring in water that is more than two (2) feet deep.
12. I have received a copy and agree to abide by the policies and procedures for **Grayson Academy**. I understand that failure to do so may result in termination of my child(ren)'s enrollment.
13. I agree to provide **Grayson Academy** two (2) weeks written notice prior to termination of enrollment. I understand that failure to do so will result in my account being billed the full two week's tuition, for which I agree to pay.

Signature (Parent/Guardian) _____ Date _____

Signature (Facility Representative) _____ Date _____



Online Viewing Agreement

I understand that I have enrolled my child or children at **Grayson Academy** located at **1045 Cooper Rd. Grayson, GA 30017**, also referred to herein as the “Child Care Center”. The Child Care Center has a program whereby webcams are in use and my children are under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with the Peanut Butter & Jelly, LLC website (also referred to herein as “PB&J”). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings may be used for advertising, publicity, commercial or other business purposes. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member’s account activity associated with my child or children. Copyrighted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by PB&J or Child Care Center for such copy-right infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

**Please review online security features, privacy policy, and terms of service made available on pb&j TV’s website.*

Since my child/children is/are under the age of 18: I, _____, certify that I am the parent/legal guardian of the individual named above, I have read this release and agree to and approve of its terms.

Child(ren) Name(s): _____

Print Name: _____

Signature: _____

Date: _____



All about You.....the Parents!

Name: _____ DOB: _____

Email Address: _____ Okay to email? Y___ N___

Name: _____ DOB: _____

Email Address: _____ Okay to email? Y___ N___

Wedding Anniversary Date: _____

What are your expectations from us as your child care provider? _____

Do you have any fears about enrolling your child into child care? If yes, please explain. _____

Anything else you would like to share with us? _____

We thank you in advance for taking the time to fill out this form. We will use the information provided above to help foster our long term relationship with you as parents as we work together as a team to build and mold outstanding and wise individuals for the future.

Getting to know your child!



In an effort to make your child's transition into our school as smooth as possible, we are asking you to please fill out the form so we can get to know your child a little better. This form will be given to your child's teacher in preparation for your child's arrival.

Child's Name: _____ DOB: _____

Nickname: _____

Primary Language: _____

Additional Languages: _____

Heritage Background: _____

Favorite Color: _____

Favorite Sport: _____

Favorite Character: _____

Favorite TV Show: _____

Likes (Games, Food, Reading, Etc.): _____

Dislikes: _____

Special Sleeping Habits (w/special blanket, etc.): _____

Expected Pick-up Time: _____

Normal Dinnertime: _____

Normal Bedtime: _____

Parental Preferences/Comments: _____



Photo Release Form

As we would like to provide parents the opportunity to catch great photo moments or video moments while they are away we are creating a section on our website and Facebook fan page to allow parents to view a day in the life of their child/ren.

I, _____ hereby grant Grayson Academy permission to publish: (please check all applicable boxes)

My child's photograph/s and or video/s (child's name): _____

- ___ In Grayson Academy publications and/or advertising print material
- ___ In Grayson Academy's website located at www.graysonacademy.com
- ___ In Grayson Academy's Facebook Fan Page, Twitter Page and InstaGram Page

As we encourage parents to come and volunteer we are asking your permission to use photos that may be taken while you're here doing special activities with your child.

My photograph/s and or video/s

- ___ In Grayson Academy publications and/or advertising print material
- ___ In Grayson Academy's website located at www.graysonacademy.com
- ___ In Grayson Academy's Facebook Fan Page, Twitter Page and InstaGram Page

I understand that I have the right to request, in writing, removal of the photo/video from the website within 30 working days of receipt of the request by Grayson Academy.

___ I DO NOT Grant permission for photo/image/video that includes **my child/children** listed above to be published or listed on any website.

___ I DO NOT Grant permission for photo/image/video that includes **me** to be published or listed on any website.

Print

Sign

_____ Date



Child Development Ages and Stages

The early years of a child's life are very important for his or her health and development. Parents, health professionals, educators, and others can work together as partners to help children grow up to reach their full potential.

What is child development?

A child's growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child's development can be followed by how they play, learn, speak, and behave.

Your child's growth and development are kept track of through a partnership between you and us as well as your health professional. Monitoring healthy development means paying attention not only to symptoms related to the child's condition, but also to the child's physical, mental, social, and emotional well-being.

Many children with developmental delays are not being identified as early as possible. As a result, these children must wait to get the help they need to do well in social and educational settings (for example, in school). In this regard to ensure we are providing your children with the best start to a positive future we utilize the Ages and Stages Developmental Checklist to see what milestones your child are hitting, and at what time. We will use these results to discuss with the parents twice a year at the parent teacher conferences normally held in October and March. By signing below you acknowledge the use intended use for the Ages and Stages Developmental Checklist and agree to allow us to use this beneficial tool on your child. Parents may request a copy of the checklist at any time if they would like to discuss the results with their doctor.

Print

Sign

Date