



Today's Date _____

2025-2026 REGISTRATION

The Non-Refundable Registration Fee is \$250.

New Student ☐

Returning Student ☐

Class Selection (please circle one)

Child's Name: _____
First Last

The age of the child as of September 1 will determine the class for which the child will enroll.

Nickname: _____ Sex: F M

Date of Birth ____/____/____ Age as of Sept. 1, 2025 _____

Address _____

City _____ Zip Code _____

Is your child toilet-trained*? YES NO

***Children attending 3-year and older classes must be toilet trained.**

***Please complete this form carefully
and legibly, especially email
address and contact numbers.***

1-Year Old, 2 Day (T/TH) \$275

1-Year Old, 2 Day (M/W) \$275

2-Year Old, 3 Day (T/W/TH) \$315

2-Year Old, 4 Day (M-TH) \$350

*Young 3's, 4 Day (M-TH) \$350

3-Year Old, 3 Day (T/W/TH) \$315

3-Year Old, 4 Day (M-TH) \$350

3-Year Old, 5 Day (M-F) \$385

4-Year Old, 4 Day (M-TH) \$350

4-Year Old, 5 Day (M-F) \$385

Kindergarten (M-F) \$425

****Young 3's is an option only for students with a
birthdate May 1, 2022 – October 31, 2022****

If my first preference is not available, my
back-up choice would be:

Mother's Name _____

Father's Name _____

Cell phone # _____

Cell phone # _____

Email ☐ _____

Email ☐ _____

Check box to indicate primary email.

Employer _____

Employer _____

Parents' Marital Status _____

Do both parents have custody rights? _____

Has your child attended a preschool program before? YES NO Where? _____

Siblings attending Shadowbrook Weekday School (Name and Age Level) _____

Primary language spoken at home? _____ Does child speak/understand English? _____

Does your child have any allergies? YES NO Does your child require an Epipen? YES NO

List Allergies: _____

Does your child have evidence of developmental delays, speech delays, hearing loss, or vision difficulties?

If yes, please explain: _____

Does your child receive developmental services or intervention (i.e. physical, occupational, speech or feeding therapy, etc.)? YES NO

If yes, please explain: _____

Any other health issues or developmental delays that we need to be aware of? _____

All classes offered are subject to enrollment and staffing. At the discretion of the director, class schedules may be revised. Please indicate here your second choice if your first option is not available and anything else you wish us to know about your preferences.

Parent Agreement (Please Initial and Sign Below)

Parent
Initials

I wish to enroll my child, _____ at Shadowbrook Weekday School (SWS) for the 2025-2026 school year. I understand that the \$250 Registration Fee is without exception and non-refundable at the time of payment and these fees do not apply to any month's tuition.

Parent
Initials

I also agree that SWS may withdraw the Activity Fee, Curriculum Fee (if applicable) and ½ month's tuition for May on July 16, 2025 via Tuition Express. I will be reminded of this payment via a mail out in mid-June. I understand that the July 16th payment confirms and guarantees my child's enrollment for the 2025-2026 school year and that this payment is without exception and non-refundable. Without receipt of this payment on July 16, 2025, SWS has the right to relinquish my child's spot to another applicant.

Parent
Initials

I agree that SWS will withdraw eight additional tuition payments via Tuition Express on the 7th day of the following months: September, October, November, December, January, February, March and April. Tuition is considered past due if received after the 7th day of the month for which it is due. I understand that a late fee of \$25 will be added to my child's tuition account for any payments not received by the 7th day of the month due. If my tuition account becomes two months past due at any time, I understand that my child will be withdrawn from enrollment. I understand that I will be responsible for paying any bank and/or credit card fees charged by my bank or Tuition Express if I fail to keep my card information current and updated.

Parent
Initials

I understand that one month's notice is required if I must withdraw my child from SWS. I understand that I will be responsible for paying one month's tuition if I do not provide one month's notice prior to withdrawing my child.

Parent
Initials

I understand that SWS teachers are not qualified special needs teachers and that little ones that require additional services can receive services from Babies Can't Wait from birth to age 3 and from Gwinnett County Public Schools from ages 3 to 5 years.

Parent
Initials

It is mutually agreed that in the event of an accident or illness of my child while in the care of SWS, the School shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately reached, the School will use its best effort to contact the emergency contacts provided in the order listed on the child's Health and Emergency Care Form. In the event the parents and the emergency contacts are not immediately available, the School is authorized to secure such care as the situation may reasonably warrant.

Parent
Initials

I attest that I am the aforementioned child's parent/legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such, I agree that where SWS has acted in good faith to comply with accident and/or illness procedure, they shall not be liable for any accident and/or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent/legal guardian.

Parent
Initials

I understand that afternoon carpool runs from 1:20-1:50 pm. I will be charged a late fee of \$1 per minute if I pick up my child after 1:50 p.m. This fee will process on the next monthly tuition payment date.

Parent
Initials

I understand Shadowbrook Weekday School is exempt from state licensure requirements by the Georgia Department of Early Care and Learning and is not a state licensed facility.

Parent
Initials

I understand Proof of Immunization must be provided by the start of the school year unless there is a physician approved medical exemption or delayed immunization schedule. NO RELIGIOUS EXEMPTIONS WILL BE GRANTED.

By signing below, I acknowledge my understanding and agreement to the Parent Agreement.

Parent's Signature

Date

New Student ☐

Returning Student ☐

Date Paid: _____

Registration Fee: \$ _____ Cash _____ Check # _____ Tuition Express (if currently enrolled) _____
(parent initials)

Additional Fees Paid: _____ Staff Initials: _____



Child Development Acknowledgement

Shadowbrook Weekday School welcomes all children. Our teachers use inclusive practices to help students of differing abilities to succeed in class and they strive to give equal attention to each child. Once enrolled, students are expected to adhere to the classroom behavior guidelines/expectations and be able to handle the structure of the classroom. To protect the learning environment for all students in the class, our teachers are unable to devote one-on-one assistance to a child who may require continual redirection.

We realize that some learning disabilities or behavioral, social, physical, or emotional challenges may develop over time and not become evident until a certain age. If a child is unable to adjust to the classroom environment and is requiring one-on-one attention, we may refer parents to seek support through private early intervention services or from Gwinnett County Public Schools (GCPS). This support may be facilitated at your home, in the classroom at Shadowbrook, or (if the child qualifies for placement) within a GCPS classroom.

If it is determined at any time by the director, together with the classroom teachers, that Shadowbrook Weekday School is not the best fit, the student will be withdrawn, and a prorated tuition amount will be refunded at the discretion of the director. Registration fees are non-refundable.

I affirm that I have read, understand, and agree to the contents of this document.

Parent Signature

Date

Child's Name (Please print)