

Child's Name: _____

The Fellowship at County Line
Weekday Ministries

REGISTRATION FORM

CHILD'S NAME: _____ **M / F** **DOB:** _____

ADDRESS: _____
Street *City* *Zip Code*

HOME PHONE: _____ **PRIMARY CELL:** _____

EMAIL: _____

MOTHER'S NAME: _____ **CELL PHONE:** _____

FATHER'S NAME: _____ **CELL PHONE:** _____

CHURCH AFFILIATION? **Y / N** **If yes, which?** _____

CURRENT MARITAL STATUS: **MARRIED** **DIVORCED** **WIDOWED** **SINGLE**

CHILD LIVES WITH: **BOTH PARENTS** **MOTHER** **FATHER** **OTHER** _____

SIBLINGS:

NAME	AGE	APPLYING FOR WEEKDAY MINISTRIES?
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about us?

Child's Name: _____

The Fellowship at County Line
Weekday Ministries

AGREEMENT FORM

_____ I understand The Fellowship at County Line Weekday Ministries falls under the Georgia state "exempt" status for Churches and Preschools. We are not licensed; therefore, we cannot legally operate more than four hours per day. Complete understanding and cooperation are required and fully expected.

_____ I understand the registration fee and monthly tuition is non-refundable and non-transferable. The registration fee covers the cost of The Fellowship at County Line Weekday Ministries school bag for my child, as well as any school or classroom supplies needed throughout the schoolyear.

_____ I understand my child's registration is not complete until the below items are received:

- Completed Registration Packet & Registration Fee
- Immunization Form (GA Form 3231) or State-approved, notarized waiver **Immunization Form must be received within 30 days of the registration date. I understand if this form is not received within the requested time, my child's spot may be forfeited.* In the event my child's immunization form expires during his/her enrollment period, I will be notified and required to provide a current copy within 30 days of the expiration date. Failure to do so will result in suspension from the program until the current form is provided.

_____ I understand the monthly tuition payment is due by the 15th of each month. A \$10.00 late fee will be charged for delinquency. If the tuition and late fee are not paid in full within 14 days of notification, my child may be removed from the Weekday Ministries Program.

_____ I understand there will be a \$25.00 charge for returned checks. After two returned checks, I will be required to pay by cash, money order or certified bank check.

_____ I understand NO credit will be given for absences, including but not limited to: illness, vacations, weather-related closings, or COVID related closings. We follow the Cobb County School Calendar for all scheduled holidays.

_____ I understand if my child needs to be withdrawn from the program, I am required to provide at least two weeks written notice. **If notice is given within 2 weeks of the tuition due date, tuition is required to be paid in full. We do not pro-rate tuition payments.**

_____ I agree to inform The Fellowship at County Line Weekday Ministries of any changes to information in my child's file. Medical and emergency information will be kept up to date.

_____ I will review The Fellowship at County Line Weekday Ministries policies found on The Fellowship at County Line website and abide by them. The website is: <https://www.fellowshipcountyline.org/weekdayministries.html>

_____ I understand that The Fellowship at County Line Weekday Ministries Staff cannot be held responsible for accident or injury that may occur on the property of the church campus.

_____ I agree to provide any updated information as needed for this form as changes occur.

_____ I give permission for my child's picture to be used on The Fellowship at County Line Facebook page (optional – **Do not initial if No**)

I HAVE READ AND AGREE TO THE ABOVE. I REQUEST MY CHILD ATTEND THE FELLOWSHIP AT COUNTY LINE MOTHER'S MORNING OUT AND/OR PRESCHOOL PROGRAM.

Parent's Signature

Date

1183 County Line Road NW, Acworth, Georgia 30101
Phone: 770-428-0511 ext. 105 Fax: 770-428-5930
Email: mmops@fellowshipcountyline.org

Child's Name: _____

The Fellowship at County Line

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2025-2026 CLASS OPTIONS AND PRICING

PROGRAM HOURS ARE 9:00am – 1:00pm

Class placement is based upon child's age and developmental ability. Class assignments will be mailed at least one week prior to the start of the school year. **Children ages 6-24 months may come a maximum of two days per week.**

Please note there are TWO options for the Young 2's class. You may only select ONE.

Payments are divided out based on the number of weeks in the school year, then calculated out into 10 monthly payments between August – May.

MOTHER'S MORNING OUT

CLASS (check one)	DAYS	AGE REQUIREMENTS	REGISTRATION FEE	TUITION (10 payments)
<input type="checkbox"/> Nursery / Toddler	Tues/Thurs	6 – 17 Months Old	\$190.00	\$205.00 / Month
<input type="checkbox"/> Young 2s	Mon/Wed	18 – 24 Months Old	\$190.00	\$205.00 / Month
<input type="checkbox"/> Young 2s	Tues/Thurs	18 – 24 Months Old	\$190.00	\$205.00 / Month
<input type="checkbox"/> Older 2s	Tues/Wed/Thurs	Turning 2½ by Sept 1 st	\$215.00	\$225.00 / Month

PRESCHOOL

CLASS (check one)	DAYS	AGE REQUIREMENTS	REGISTRATION FEE	TUITION (10 payments)
<input type="checkbox"/> Threes	Mon – Thurs	Turning 3 by Sept 1 st	\$250.00	\$255.00 / Month
<input type="checkbox"/> Fours	Mon – Thurs	Turning 4 by Sept 1 st	\$250.00	\$255.00 / Month
<input type="checkbox"/> Early Fives	Mon – Thurs	Turning 5 by Dec 31 st	\$250.00	\$255.00 / Month

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CHILD'S DEVELOPMENTAL INFORMATION

The Fellowship at County Line Weekday Ministries strives to address the needs of its students.

Please list any other school-type settings your child has attended. This may include Sunday School, Daycare, or other Preschool formats:

Have there been any births, deaths, adoptions, or other changes in the family structure that has affected your child? If so, please give us any pertinent information that may be helpful in your child's dealing with the situation:

What are your hopes and expectations for your child through our program?

CHILD'S GENERAL DEVELOPMENT

Awkward or Clumsy	Unusually Active or Impulsive
Generally Happy	Well-coordinated
Hesitant in New Situations	Easily Excitable
Unusual Fears	Aggressive/Physical
Unusually Shy	Communicates Well*

**Developmentally age-appropriate via verbal or non-verbal communication.*

If necessary, please explain any of the above so we may better understand your child's needs:

Child's Name: _____

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CHILD'S DEVELOPMENTAL INFORMATION

(continued)

We welcome and appreciate any input from your child's medical professionals and/or therapists involved in his/her development, and we are happy to make necessary accommodations. We encourage you to reach out to your child's teacher with this information so we may better assist in your child's academic and social development.

Does your child have any speech difficulties? Y / N

If yes, has any therapy been given? What progress has your child made? _____

Does your child have any gross motor difficulties? Y / N

If yes, has any therapy been given? What progress has your child made? _____

Does your child have any hearing impairment? Y / N

If yes, please explain the problem and what treatment has been or is being given: _____

Does your child have any physical impairment? Y / N

If yes, please give any information we may need to know to better assist your child: _____

Does your child have any feeding difficulties? Y / N

If yes, please explain the problem and what treatment has been or is being given. Food allergies will be addressed on the next page. _____

Does your child have any behavioral challenges? Y / N

If yes, please provide any information, such as diagnosis and therapy, so we may better assist your child: _____

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MEDICAL INFORMATION

Child's Full Name: _____

PHYSICIAN INFORMATION:

Practice Name: _____ Phone Number: _____

Address: _____
Street City Zip Code

Does your child have any allergies, including but not limited to: food, medication, and/or environmental? Y / N
If yes, please explain. Life-threatening allergies will require an "Allergy Action Plan" to be completed. Please contact the Weekday Ministries Director for this form. _____

Does your child have any chronic illness? Y / N **Does this illness require special care? Y / N**
If yes, please explain: _____

Please list any medication your child is currently taking:

Has your child had any serious illness, surgery, or hospital stay we need to be made aware of? Y / N
If yes, please provide a brief explanation, including any long-term results from it. _____

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PICK-UP AND EMERGENCY CONTACT INFORMATION

Please list any person(s), other than parents, responsible for dropping off/picking up your child, as well as those to be called in the event of an illness/accident/emergency, who can assume responsibility for your child. We will require a valid, government-issued picture ID upon pick-up to verify they are on the list below. ***In the event someone other than those listed below are picking up your child, please send in a note providing the full name of the person picking up, and please make sure they are aware they will need to present a valid, government-issued picture ID before your child will be released from the class.***

NAME	PHONE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone NOT authorized to pick up your child?

EMERGENCY TREATMENT RELEASE:

In the event of an accident or illness that requires immediate medical attention, I give permission to The Fellowship at County Line Weekday Ministries Director and/or Staff to provide such emergency treatment to the best of their knowledge and ability, until emergency personnel arrive. I am aware that all Weekday Ministries Staff members hold current CPR and First Aid certifications. I will not hold The Fellowship at County Line Weekday Ministries Staff members, or medical personnel responsible for any damages that may arise while providing emergency services. This is done with the understanding that every attempt will be made to contact a parent, the child's physician, and the other person(s) listed for the emergency contact.

Printed Name

Signature

Date