



# Lawrenceville Academy

225 Simonton Road SE  
 Lawrenceville, GA 30045  
 Phone 770-962-8873  
 FAX 770-962-8524

At Lawrenceville Academy, we are committed to providing our children and families with the highest quality care and service possible. Our classroom programs and the Pinnacle Curriculum provide children with fun filled, age appropriate opportunities for exploration and discovery. Our activities are designed to build children's self-esteem and develop their social, cognitive, and motor skills.

OUR HOURS OF OPERATION ARE **6:30 TO 6:30pm**

**TUITION: Your tuition includes breakfast, lunch, and snack.** Tuition is due on Monday for the current week. **On Wednesday morning a late fee of \$25.00 is added.** We accept cash, checks, or credit cards. Registration is \$75.00 per child and is due every August.

	FULL WEEK	3 DAYS	2 DAYS
INFANTS	\$165.00	\$145.00	-----
TODDLERS	\$160.00	\$140.00	-----
TWOS	\$150.00	\$130.00	\$120.00
THREE	\$145.00	\$125.00	\$115.00
FOURS	\$145.00	\$125.00	\$115.00
Private Pre-K	\$125.00	-----	-----

## PRE-K AND SCHOOL AGE

Before and After	\$90.00
Before & After for Private Pre-K Only	\$35.00
Before Only	\$65.00
After Only	\$75.00
School Holiday	\$20.00 (additional to tuition)
	\$140.00 weekly

Summer Camp**	\$140.00	\$120.00	\$110.00
	Weekly	3 days	2 days

**\*\*Summer camp rates include all field trips and meals\*\***

Discounts, Absentee Policies and Late Fees:

There is a 10% discount for siblings which is taken off the oldest child's tuition.

Full tuition is due when you attend one or more days. If you are absent the entire week ½ tuition is due.

**LAWRENCEVILLE ACADEMY closes at 6:30pm; after which a late fee of \$15.00 per child for the first 5 minutes and \$1.00 per minute, per child there after. Payment is due at time of pick up.**

**Any account 2 week past due is subject to immediate termination of enrollment!!**

**LAWRENCEVILLE ACADEMY**  
**APPLICATION & AGREEMENT**  
For Office Use Only, DO NOT WRITE IN THIS BOX

Enrollment Date _____	Pin _____
Immunization Form _____	Infant Form _____
2 Photos _____	
Pre-K Info: Birth Cert _____	3300 _____ ss# _____
Proof of Cat1 _____	Proof of Residency _____
Other (list): _____	

Withdrawn Date _____
Reason: _____
Classroom _____
Follow up/or re-enroll date _____

**Child Data**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Elementary School attending \_\_\_\_\_

**Parent/Guardian Data**

**Mother** \_\_\_\_\_ **Social Security** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City & Zip** \_\_\_\_\_ **Other phone #'s** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Employer Address** \_\_\_\_\_  
**City & Zip** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**E-mail address** \_\_\_\_\_

**Father** \_\_\_\_\_ **Social Security** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City & Zip** \_\_\_\_\_ **Other Phone #'s** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
\_\_\_\_\_  
**Employer Address** \_\_\_\_\_  
**City & Zip** \_\_\_\_\_ **Wk Phone** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_

How did you hear of our center? \_\_\_\_\_

**Medical Alert (please list food, insect, etc. allergies)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons whom you authorize Lawrenceville Academy to release your child to:  
(please include both parents if it applies must be local)**

<b>Name</b>	<b>Address/Phone Numbers</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Does your child have any special needs or physical needs?**

\_\_\_\_\_

**Is there anything you would like us to know about your child that would help in the daily care of your child:**

\_\_\_\_\_

**Pediatricians Name \_\_\_\_\_ Phone \_\_\_\_\_**  
**Address \_\_\_\_\_**

**Medical Information: Primary Insurance Co. and Number**

\_\_\_\_\_

\_\_\_\_\_

**I do \_\_\_\_\_ I do not \_\_\_\_\_ give permission for my child to be photographed and the photos to be displayed.**

- I will complete and return the following before my child enrolls:**
- All medical and special care information**
  - Immunization record 3231**
  - Two (2) photos for file purposes only**
  - All forms in the enrollment packet**

**I have read and accepted the centers terms and policies.**

_____	_____	_____
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225 Simonton Road Lawrenceville, GA 30045

770-962-8873

## VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

The medical facility the center uses is Gwinnett Medical Center 1000 Medical Center Blvd. Lawrenceville, GA

I authorize the Lawrenceville Academy to transport my child in an insured vehicle to and from school and with written permission on scheduled fieldtrips. In the event of an emergency involving my child and Lawrenceville Academy cannot reach me, I hereby authorize any emergency medical care. I understand it is my responsibility to update these records as needed.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Management Signature \_\_\_\_\_ Date \_\_\_\_\_