

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 Creative 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 am TO 6:30 pm**.

Tuition: **Your tuition includes breakfast, lunch and snack.** Tuition is due on Monday for the current week. On Thursday morning a late fee of \$25 is added to your account. We accept cash, checks, or credit cards. A \$75 registration fee will be due yearly in August.

DAY CARE WEEKLY TUITION RATES

INFANTS	\$165.00
TODDLERS	\$165.00
TWOS	\$150.00
THREES	\$145.00
PRIVATE PRE-K	\$125.00

PRE-K AND SCHOOL AGE WEEKLY RATES

BEFORE AND AFTER	\$90.00
BEFORE & AFTER / PRIVATE PRE-K ONLY	\$35.00
BEFORE ONLY	\$65.00
AFTER ONLY	\$75.00
SCHOOL HOLIDAY	\$20.00 (IN ADDITION TO TUITION)
	\$140.00 WEEKLY

SUMMER CAMP**	\$145.00	\$125.00	\$115.00
	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 fee will accrue thereafter. Payment is due at time of pick up.

Any account 2 weeks 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Withdrawn Date _____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)**

Name

Address/Phone Numbers

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.

Parent/Guardian Signature/ Date

Management

Date

Lawrenceville Academy

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 _____