

# Vinings Academy

## 2000-10 School Year New Family Pre-Registration Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

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

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Please circle your choices below

Location: S.Cobb Concord Road

Requested Schedule: Monday Tuesday Wednesday Thursday Friday  
(circle the days requested)

Notes: \_\_\_\_\_

*While we strive to give every family their first choice in schedules, we cannot guarantee a specific request during the pre-registration process. All existing students and their siblings are guaranteed a spot based on their current schedule. A confirmation of your child's schedule will be sent with your 2009-10 school year tuition agreement and enrollment forms.*

### Tuition and Fees:

Application Fee - \$100 for first child /\$50 for siblings (non-refundable)

Supply Fee - \$45 per child

### School Year Tuition

2 days - \$2300

3 days - \$3200

4 days - \$3900

5 days - \$4550

### Other Fees:

Meal Program \$3.75/day

Emergency Meals \$4.25

School Shirts - \$10

School Bags - \$12

### By completing this pre-registration form I agree to the following:

**Tuition:** Tuition is calculated based on the published school year calendar. All students are registering for the entire school year. Non-attendance does not release the student's family from this obligation. Tuition may be paid on a monthly basis by completing a monthly tuition agreement with the school - additional fees will apply.

**Application Fee:** The application fee is non-refundable. A student applicant will remain on the wait list until they are placed in a class or are requested to be removed from the waitlist by their family.

**Update of Contact information:** The school will use the above information to contact the family regarding this applicant. It is the family's responsibility to keep the school informed of any changes to this information. To ensure accuracy, updates must be made in writing by sending either an email to [admissions@viningsacademy.com](mailto:admissions@viningsacademy.com) or by mail Vinings Academy 4425 S. Cobb Drive, Suite A Smyrna, GA 30080.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Vinings Academy Representative \_\_\_\_\_

Recvd \_\_\_\_\_ Acpt \_\_\_\_\_

Appl \_\_\_\_\_ Chk # \_\_\_\_\_

QB \_\_\_\_\_ DB \_\_\_\_\_

CFM \_\_\_\_\_ dt \_\_\_\_/\_\_\_\_

Other \_\_\_\_\_