



"Excellence in Education & Caring"

1420 GREENSBORO HIGHWAY  
WATKINSVILLE, GA 30677

oconeepreschool.com

(706) 769-CARE (2273)  
(706) 769-2272 (fax)

**OPA II SUMMER & FALL 2011  
PRE-REGISTRATION APPLICATION  
DUE & PAYABLE BY APRIL 29, 2011**

Registration Fee - Due Upon Enrollment & Annually.....\$ 60 per child  
*(Registration Fee(s) are non-refundable unless OPA declines your child for enrollment)*

Summer 2011 Only Registration Fee.....\$ 25 per child

New Enrollment \_\_\_\_\_ Continued Enrollment \_\_\_\_\_ Projected Enrollment Date \_\_\_\_\_

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

Parent/Guardian's Name enrolling child \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email Address(es) \_\_\_\_\_

**Enroll my child in one or more of the following programs:**  
*(place check mark(s) below)*

**FALL 2011 PROGRAMS – Effective May 30, 2011**

- 1 Month – 6 Months Infant Program.....1:4 ratio.....\$ 175 weekly
- 7 Months – 12 Months Infant Program.....1:4 ratio.....\$ 175 weekly
- 1 Year Program and Child Care.....1:6 ratio.....\$ 165 weekly
- 2 - 2 ½ Year Preschool Program.....1:7 ratio.....\$ 165 weekly
- 2 ½ - 3 Year Preschool Program.....1:7 ratio.....\$ 165 weekly
- 3 - 3 ½ Year Preschool Program.....1:10 ratio.....\$ 150 weekly
- 3 ½ - 4 Year Preschool Program.....1:10 ratio.....\$ 150 weekly
- Pre-K 4 Year Preschool Program.....1:10 ratio.....\$ 150 weekly
- After-School Program with Transportation (Ages 5 - 12).....\$ 70 weekly  
*(additional \$20/per day if attending full-day up to \$140/per week)*

**Summer 2011 Program**

*(On-Site Swimming & Lessons ☺ Funtastic/Educational Field Trips)*

- 5 - 12 Year Summer Program.....\$ 140 weekly

**PRE-REGISTRATION APPLICATION (continued)**

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- ☺ Registration fees are **non-refundable** unless OPA declines your child for enrollment due to full enrollment. Feel free to join our waiting list and we will contact you when space is available.
  - ☺ **Full weekly tuition fee(s) are due regardless of absences due to illness, holiday, etc.** except for two (2) eligible vacation or illness weeks which are half-price for full-time children.
  - ☺ Breakfast, Lunch, and Afternoon Snack will be served daily. Breakfast served **7:00 - 8:15 a.m. only.**
  - ☺ All required forms must be completed by parent/guardian prior to your child's first day at the preschool.
  - ☺ A Child Care Immunization Certificate (Form 3231) must be submitted within 30 days of enrollment.
  - ☺ Parents/Guardians **must** keep all enrollment forms information up-to-date at all times.
  - ☺ All rates and fees are subject to change with a two (2) week written notice to parents/guardians.
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**PRE-AUTHORIZED WEEKLY OR MONTHLY TUITION FEES CHECKING ACCOUNT DEDUCTIONS:** (circle one)  
(please attach voided check for deductions) (OPA would like 100% parent/guardian participation for all fees checking account deductions)

Checking Account Name \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Bank \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

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**CREDIT CARD AUTHORIZATION FOR ALL LATE PAYMENTS**

*(Note: Any credit card and checking account information will always be held in strict confidence by OPA administration & placed in locked Directors desk and office)*

Parents, please provide OPA with a current debit or credit card information to be charged **only** when any payments due to OPA are in default by at least seven (7) days. Late fee charges will also apply and charged on your card. You will receive a receipt for all charges. OPA accepts VISA and MasterCard.

Name of Credit Card \_\_\_\_\_ Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date on Card \_\_\_\_\_

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I have read the Pre-Registration information and the Rates & Fees information and understand all terms and agree to abide by all Oconee Preschool Academy, Inc.'s policies and procedures pertaining to programs, operations, and financial agreements. I have received an OPA parent handbook.

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

\_\_\_\_\_  
**Date**

**Office Use Only: Paid Registration Check No.** \_\_\_\_\_ **Date** \_\_\_\_\_ **Initials** \_\_\_\_\_