

**MCGINNIS WOODS
COUNTRY DAY SCHOOL
5380 Faircroft Drive
Alpharetta, GA 30005
770-664-7764**

PRE-ENROLLMENT RESERVATION

Date _____ Child's Date of Birth: _____ Girl _____ Boy _____

Full Name of Child: _____

Home Address: _____

Home Phone: _____

Parent 1/ Guardian Name: _____

Work Number(s): _____ Cell: _____

Email Address: _____

Parent 2/ Guardian Name: _____

Work Number(s) _____ Cell: _____

Email Address: _____

Preferred Date to Begin Attendance * _____

Classroom: _____ FT _____ PT _____

If PT: MWF _____ T&TH _____

Tuition: \$ _____ Weekly _____ Monthly _____

Receipt required after each payment? Yes _____ No _____

How did you hear about McGinnis Woods? Friend _____

Publication _____ Drive by _____ Web _____ Other _____

Please list any allergies or sensitivities your child has:

Please indicate if your child has a food restriction: (non-medical ie; religious belief)

**NON-REFUNDABLE \$150 REGISTRATION FEE
REQUIRED WITH PRE-ENROLLMENT RESERVATION**

Accepted by: _____ Check Number _____

*As children progress into classrooms developmentally, it is difficult to give an exact date as to when an opening will occur. Therefore, the start date given is an estimate based upon your expectations of development. We do not move children until they are ready. We will call you approximately 2 weeks prior to the preferred start date to confirm enrollment and to give an actual start date.