



**St. Elizabeth's Episcopal Church**

**& Preschool**

16491 Hwy 144

Richmond Hill, GA 31324

912.312.8927

[nikolepowell@gmail.com](mailto:nikolepowell@gmail.com)

**SEEP 2024-25 Registration Procedure**

Dear Parents:

Thank you for your interest in Saint Elizabeth's Episcopal Preschool (SEEP)! The registration application, fees, and parental agreement are included within this packet. Each child in the family will need a separate application and registration fee along with a GA Immunization Form 3231 which is required of all students. These forms, along with the first and last month's tuition, should be turned in by the start of the school year.

We follow the Bryan County School District age requirements for enrollment. Children must have turned 2, 3, or 4 on or before September 1st to enroll in the age-appropriate class.

*Please note the registration application and parental agreement forms need to be completed in their entirety and accompanied with the \$200.00 non-refundable registration fee to be considered for enrollment.*

Please let us know if you have any additional questions. We thank you for your interest in SEEP and we look forward to partnering with you and your family!

Nikole Powell  
Head of Preschool

*A Bob & Charlotte Mock Early Learning Center*

*Office Hours: Monday - Thursday 8:00 am - 1:00 pm  
Nikole may be reached by phone any day between 9:00 am - 5:00 pm*



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**SEEP 2024-25 Tuition and Fees**

Registration Fee (non-refundable): \$200.00

*This non-refundable registration fee must accompany the registration packet to secure your child(ren)'s enrollment at SEEP.*

Class <i>(please indicate which class)</i>	Days of Operation	Tuition (monthly)
<input type="checkbox"/> Mon & Wed 2's	Monday & Wednesday 8:30 am - 12:30 pm	\$200.00
<input type="checkbox"/> Tue & Thur 2's	Tuesday & Thursday 8:30 am - 12:30 pm	\$200.00
<input type="checkbox"/> Three Day 2's	Monday - Wednesday 8:30 am - 12:30 pm	\$290.00
<input type="checkbox"/> Three Day 3's	Monday - Wednesday 8:45 am - 12:45 pm	\$250.00
<input type="checkbox"/> Four Day 3's	Monday - Thursday 8:45 am - 12:45 pm	\$285.00
<input type="checkbox"/> Pre-K	Monday - Thursday 8:30 am - 12:30 am	\$300.00

Tuition is based on a 10-month school year (mid-August through mid-May). The installment due remains the same regardless of how many days school is in session. No deductions are made for absences or holidays.

Parents are given two options by which they may pay for tuition:

**Option 1: One annual payment**

Full tuition is paid in one lump sum on the first day of school with a 5% discount

**Option 2: Monthly payments**

The above monthly tuition rate is paid at the 1st of each month. Both the first and last month's tuition (August and May) are due by the first day of school.



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**SEEP 2024-25 Enrollment Application**

**Child's Information**

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical 911 Address  
(if different from mailing): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Age as of Sept. 1, 2024: \_\_\_\_\_

**Parent/Legal Guardian Information**

Parent 1 / Guardian 1 Name: \_\_\_\_\_

Parent 1 / Guardian 1 Address: \_\_\_\_\_

Parent 1 / Guardian 1 Employer: \_\_\_\_\_

Parent 1 / Guardian 1 Phone: \_\_\_\_\_

Parent 1 / Guardian 1 Email: \_\_\_\_\_

  

Parent 2 / Guardian 2 Name: \_\_\_\_\_

Parent 2 / Guardian 2 Address: \_\_\_\_\_

Parent 2 / Guardian 2 Employer: \_\_\_\_\_

Parent 2 / Guardian 2 Phone: \_\_\_\_\_

Parent 2 /Guardian 2 Email: \_\_\_\_\_



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**Authorization to Dispense External Preparation**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give St. Elizabeth's Episcopal Preschool (SEEP) permission to apply one or more of the following external preparations, in accordance with directions on the container:

- Baby Wipes
- Band-Aids
- Neosporin, Bacitracin or similar ointment, Topical Benadryl
- Sunscreen
- Bug Spray
- Non-prescription ointment (such as A&D, Desitin, Vaseline)

I hereby request SEEP to administer the checked external preparations in accordance with the directions on the container.

Parent/Legal Guardian

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Picture Permission Form**

Child's Name:

\_\_\_\_\_

I give permission for photographs, videos, and/or slides to be taken of \_\_\_\_\_ while participating in school programs and/or activities. I understand that these photographs, videos, and/or slides may be used for brochures, presentations, and/or Facebook to parents and other interested groups, such as St. Elizabeth's Episcopal Church, and for public relation purposes.

Yes     No

I give permission for photographs, videos, and/or slides to be taken of \_\_\_\_\_ while participating in school programs and/or activities. I understand that these photographs, videos, and/or slides may ONLY be used for SEEP's private Facebook group.

Yes     No

Parent/Guardian Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

To join SEEP's private Facebook group, find **Nikole Sekara Powell** on FB and request to be added to the St. Elizabeth's Episcopal Preschool group.

If you wish to join, please provide your name as it appears on your Facebook page. SEEP will only add names provided with written permission from the parent(s):

Parent/Guardian Name (1):

\_\_\_\_\_

Parent/Guardian Name (2):

\_\_\_\_\_



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**Parental Agreement**

I desire to enter my child \_\_\_\_\_ in the \_\_\_\_\_  
(age group and number of days) program of SEEP for the 2024-25 school year.

**Acceptance and Removal Policies**

- If my child is accepted, I hereby assume responsibility for full payment or charges in advance of or by the first day of each month. Tuition that arrives past the 10th of the month will be charged a late fee of \$25.00. If tuition arrives longer than this, the child will not be allowed to attend SEEP unless the parent has made arrangements with the SEEP Head of Preschool or the Rector. There will be a \$40.00 fee for any returned checks.
- My child will not be allowed to participate in the end of year program, Christmas play, or any other school-wide activities until all bills are paid in full, nor will any child in the family be able to attend SEEP in subsequent years unless the accounts are satisfied.
- This application must be accompanied by the non-refundable registration fee of \$200.00 to be considered for enrollment.
- Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, dosage, and the date and time the medication is to be given. All medications must be in the original container with my child's name clearly marked on it.
- My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or program personnel.
- I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (telephone numbers, work location, emergency contacts, physician, child's health status, and immunization records).
- The program agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which may affect my child.
- I have received a copy of the Parent Handbook for SEEP and agree to abide by the policies and procedures outlined in it.
- I have signed and agree with the SEEP Financial Agreement.
- The SEEP Board of Directors reserves the right to accept or to dismiss any child with physical, mental, or behavioral difficulties who does not fit into the scope of this program or is unable to fit into the groups satisfactorily.
- I also understand that the school is an exempt church preschool program in operation no more than 4 hours per day and is not licensed or required to be licensed by the state.