# Firstbaptist Preschool

# 2024-2025 Year PRESCHOOL REGISTRATION FORM

I am registering for the following:

- \_\_\_\_\_ 2-year-old class: 2 mornings per week @ \$85.00/month
- \_\_\_\_\_ 3-year-old class: 5 mornings per week @ \$160.00/month
- \_\_\_\_\_ 4-year-old class: 5 mornings per week @ \$160.00/month

### Dates to remember

We will follow the Hart County School System calendar – with a few exceptions. Our first day of school will be Wednesday August 7, 2023. Meet the teacher will be Tuesday August 6 at 6:30 in the church Fellowship Hall.

# **Class Assignment**

The children will be assigned to a teacher based on age as much as possible. If necessary, we may possibly combine 3 and 4 year olds in the same class if we find that it fits the needs of a child better. We reserve the right to make changes after the year starts if we feel it is in the best interest of the child in order to meet his/her social, physical, emotional and educational needs.

# **Preschool Hours**

-Regular drop off is 8:00 – 8:10. Pickup is 11:20 – 11:30 -Are you interested in early drop-off, which will start at 7:30? \_\_\_\_\_\_ This service will be an extra \$1.00 per day and must be paid at the beginning of the month if used on a regular basis.

# **Fees/Registration**

-A registration fee of \$160.00 is due at the time of registration. \$100 of the fee is refundable if your child is withdrawn from enrollment before May 16, 2024. After May 16, full fee is non-refundable. \*\*Your child is not considered enrolled until the registration fee is paid.
-Tuition is due on the first day of each month. <u>A late fee of \$10.00 will be charged if tuition is not paid by the 6<sup>th</sup> of each month</u>. The fee for a return check is \$25.00 and only cash will be accepted from that time forward. We will also offer auto debit for tuition if that is preferred.

### **USE OF PHOTOGRAPHS AUTHORIZATION:**

- \_\_\_\_Yes Pictures of my child may be taken for use within FBC (church/class bulletin boards)
- **\_\_\_\_No** Pictures of my child **may not** be taken for use within FBC.
- Yes Pictures of my child may be taken for use outside of FBC (TV, Newspaper, social media etc.).
- \_\_\_\_\_No Pictures of my child may not be taken for use outside of First Baptist Church.

### ACKNOWLEDGEMENT AND AGREEMENT:

I agree that all the information provided in this registration is, to the best of my knowledge, true and accurate. I acknowledge that the Weekday Preschool utilizes Bible texts and Christian truth in its daily routines. I acknowledge that I agree for my child to attend special faith-based events that occur throughout the school year.

Parent / Guardian Signature		Date
APPLICANT:		
Child's Full Name:		
Birth date:	Sex:	Home Phone:
Name Child is called:		
City / State / Zip:		
Child Lives With: Both Paren	nts () Mother (	_) Father () Other:
Mother's Name:		
Cell Phone:	Email: _	
<u>Address - if different from ch</u>	ild's address	
Place of Employment:		Work Phone:
What is the best way to cont	act you while your c	child is in our care? Check all that apply.
Home Phone: Cell Ph	none Call:	Cell Phone Text: Work Phone:
Father's Name:		
Cell Phone:	Email: _	

Place of Employment:	Work Phone:
Address (if different from child)	
What is the best way to contact you while y	our child is in our care? Check all that apply.
Home Phone: Cell Phone Call:	Cell Phone Text: Work Phone:
List names and ages of other children in the	e home.
1	2
3	4
CHURCH AFFILIATION:	
STUDENT INFORMATION:	
Is your child potty trained? Yes () (All Children must be potty trained to start t	
My child is: left-handed ()	right-handed ()
My child is allergic to the following foods: _	
My child's favorite things:	
My child's least favorite things:	
My child likes to:	
My child is afraid of:	
My child's favorite snack is:	
Does your child sleep well at night?	
Does your child eat breakfast?	
Is this your child's first Preschool experience	e?

Is there any other information you think would be helpful to us?			
MEDICAL INFORMATION:			
Please attach an updated immunization record for your	child.		
Please list any medical allergies that your child may hav	/e:		
Has your child had any of the following? (please check a Measles Mumps Flu Whooping Co Seizures	Chicken Pox		
Is there any evidence of the following? (please check al Hearing Loss or Difficulties Vision Difficu Speech Disabilities Physical Limi	ulties		
EMERGENCY AUTHORIZATION: Name and best phone number of 2 Emergency Contact	s other than parent that is local		
1 2			
Emergency Medical Contact:			
Doctor:	Phone:		
Dentist:	Phone:		
Preferred Hospital: I hereby authorize First Baptist Church of Hartwell, GA to physician or facility or any licensed physician or medica case of an emergency. I understand that First Baptist Cl for the medical bills or any expense as a result of an acc trip.	to have my child transported to the listed I treatment center to treat my child in hurch Preschool will not be responsible		

### **CHILD RELEASE INFORMATION:**

Name:	Relationship to Child:
Phone:	City & State:
Name:	Relationship to Child:
Phone:	City & State:
Name:	Relationship to Child:
Phone:	City & State:
Name:	Relationship to Child:
Phone:	City & State:
Name:	Relationship to Child:
Phone:	City & State:

My child may be released to the following person(s):

\*\*Please note that your child will not be released to anyone that is not on this list and that it is your responsibility to keep this list updated. The persons on this list may be asked to show their driver's license when they pick up your child.

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