

(Preschool use only) _____

Child's Name _____



First Baptist Preschool
Weekday School
Enrollment Packet
2020-2021

246 Washington Street
Jefferson, GA 30549
(706)367-5226
www.fbcjefferson.org
preschool@fbcjefferson.org

(Preschool use only) _____

Please Circle Class Desired

2 day Younger 2's (2 by Dec.) 2 day Older 2's (3 by March) 3 day Older 2's (3 by March)

2 day 3's

3 day 3's

5 day 3's

3 day 4's

5 day 4's

ALL THREE & FOUR YEAR OLD'S MUST BE OF AGE BY SEPTEMBER 1

Child's Name _____ Age _____

First

Middle

Last

Preferred Name _____ Gender: Male Female Date of Birth ____ / ____ / ____

Address: _____

City: _____ State: Georgia Zip: _____

Email Address: _____ Home Phone: _____

Parent/Guardian Information

Parents' Relationship to each other (circle one): Married Divorced Separated Single

Child lives with (check all that apply) Both Parents Mother Father Other _____

Mother's Name: _____ Place of Employment: _____

Home Address (if different from above) _____

City: _____ State: Georgia Zip: _____

Occupation: _____ Driver's License # _____ State _____

Work Phone: (____) _____ Cell Phone: (____) _____

Father's Name: _____ Place of Employment: _____

Home Address (if different from above) _____

City: _____ State: Georgia Zip: _____

Occupation: _____ Driver's License # _____ State _____

Work Phone: (____) _____ Cell Phone: (____) _____

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Release of Child

I authorize that my child, _____ be released by First Baptist Preschool Weekday Education Program to the following persons (other than parents) below.

Parent Signature

Release Authorizations- (other than parents/guardians, who is authorized to transport your child)

Name _____ Relationship to Child _____

Phone Number (____) _____ Cell Phone (____) _____

Name _____ Relationship to Child _____

Phone Number (____) _____ Cell Phone (____) _____

Name _____ Relationship to Child _____

Phone Number (____) _____ Cell Phone (____) _____

Emergency Authorization:

In case of an emergency, whom should we contact if we cannot reach Parent/Guardians?

Name _____ Work Phone _____

Phone Number (____) _____ Cell Phone (____) _____

Emergency Medical Contact:

Doctor _____ Address _____

Phone Number (____) _____ Hospital _____

(Preschool use only) _____

Medical Information:

Does your child have any allergies to foods/or medications? Yes ___ No ___

List: _____

Are there any medical/mental/emotional/problems or any special procedures required for the care of your child? If so, please explain

Information about your child:

Names and Ages of Siblings

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Favorite Activities: _____

Pets: _____

Is Child Left or Right Handed? Left Right Unknown

Church Affiliation:

Religious Affiliation _____ Church Membership at _____

How did you find out about our program?

(Preschool use only) _____

(Please Initial)

_____ I acknowledge that my child must have a current immunization record on file and cannot be admitted without this form.

_____ Tuition is due on the 10th of each month. A late fee of \$10.00 will be added after the 10th. A \$20.00 fee will be charged for all returned checks.

_____ Children 3 years and older must be potty trained by August 1.

*FBC Preschool's definition of "Potty Trained" means the student can do the following tasks independently: identify the need to go to the bathroom, pull clothes on and off, get on and off the toilet, wipe themselves. Please see further details posted on-line or ask for a copy of the "Bathroom Policy".

Office Use Only

Registration Fee Paid _____ CK# _____

Enrollment Date _____

Withdrawal Date _____

Immunization Form _____

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date