

(Preschool use only) \_\_\_\_\_

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



**First Baptist Preschool  
Weekday School  
Enrollment Packet  
2019-2020**

246 Washington Street  
Jefferson, GA 30549  
(706)367-5226  
[www.fbcjefferson.org](http://www.fbcjefferson.org)

Email:  
[preschool@fbcjefferson.org](mailto:preschool@fbcjefferson.org)  
Weekday Preschool Director



(Preschool use only) \_\_\_\_\_

**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 \_\_\_\_\_

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**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?

\_\_\_\_\_

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**(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 10<sup>th</sup> 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.

**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