

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

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



**First Baptist Preschool  
Weekday School  
Enrollment Packet  
2018-2019**

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 Katie Fulcher

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

Program: 2 day 2's      2 day Older 2's      2 day 3's      3 day 3's      5 day 3's      3 day 4's  
   5 day 4's      5 day K- 5's

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: (\_\_\_\_) \_\_\_\_\_

**ALL CHILDREN MUST BE OF AGE BY SEPTEMBER 1, 2018**

**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 10<sup>th</sup> of each month. A late fee of \$10.00 will be added after the 10<sup>th</sup>. A \$20.00 fee will be charged for all returned checks.

\_\_\_\_\_ Children 3 years and older must be potty trained by August 1, 2018.

**Office Use Only**

Registration Fee Paid \_\_\_\_\_ CK# \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Immunization Form \_\_\_\_\_