

CHECK IF INTERESTED  
 I am interested in early drop off for my child.  
 (2 years & up only).  
 Begins at 7:45a.m.

**2018-2019 Registration Form**  
**First Baptist Church Weekday Preschool**  
 100 East 4<sup>th</sup> Avenue • Rome, GA 30161 • (706) 295-1150 • [mwood@fbcrome.org](mailto:mwood@fbcrome.org)  
 Visit our website at [www.fbcrome.org](http://www.fbcrome.org)

Reg. Fee \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date Rec. \_\_\_\_\_  
 Office Use Only

1<sup>st</sup> Month Tuition \$ \_\_\_\_\_  
 Check# \_\_\_\_\_  
 Date Rec. \_\_\_\_\_  
 Office Use Only

- **Fee Due for Enrollment is \$95.00 non-refundable registration fee. (Registration Fee for Siblings is \$65.00 each)**
- **Non-refundable August tuition is due in full by June 1, 2018 to secure child's position.**
- **Siblings & FBC church members receive a \$5/mo discount in their tuition.**

**TODDLERS (1 year by 9/1/2018):**  
 \_\_\_ Monday/Wednesday \$190/mo OR \_\_\_ Tuesday/Thursday \$190/mo

**TWO YEAR OLDS (2 yrs by 9/1/2018):**  
 \_\_\_ Monday/Wednesday \$190/mo  
 \_\_\_ Tuesday/Thursday \$190/mo  
 \_\_\_ Monday through Thursday \$260/mo

**ALL CLASSES ARE  
 9 AM - 1 PM**

**(3 Day) THREE YEAR OLDS (3 yrs by 9/1/2018):** \_\_\_ Tuesday through Thursday \$205/mo

**(4 day) THREE YEAR OLDS (3 yrs by 9/1/2018):** \_\_\_ Monday through Thursday \$225/mo

**PRE-K (4 yrs by 9/1/2018):** \_\_\_ Monday through Thursday \$225/mo

**Child's Full Name** \_\_\_\_\_ **Goes by** \_\_\_\_\_  
**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**ABOUT OUR FAMILY**

**Parents/Guardian: Please circle:** Married Separated Divorced Widowed Reside Together Other \_\_\_\_\_

**Child resides with: Please circle:** Both parents Mother Father Other (name & relation to child) \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mom's Employer Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Mom's Email** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Father's Employer Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Father's Email** \_\_\_\_\_

**Does child have step-parents? Names** \_\_\_\_\_

**List siblings/step-siblings & ages** \_\_\_\_\_

**Other adults living in home?** \_\_\_\_\_ **Relation to child?** \_\_\_\_\_

**We are members of** \_\_\_\_\_ **Church. Denomination** \_\_\_\_\_

**Would you like to receive information about First Baptist Church? Yes** \_\_\_ **No, thank you** \_\_\_

**EMERGENCY INFORMATION**

**In an emergency situation, parents will be contacted first. If you cannot be reached, we will contact those listed below.**

**Emergency contacts are those other than parents who can be called in case of an emergency.**

**Name/Relationship** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Work#** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Name/Relationship** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Work#** \_\_\_\_\_ **Home#** \_\_\_\_\_

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

**PEOPLE AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENTS & EMERGENCY CONTACTS) It is understood that parents, guardians and emergency contacts are authorized to pick up. A signed note is required for additions and/or deletions to this list.**

|            |                |             |
|------------|----------------|-------------|
| Name _____ | Relation _____ | Phone _____ |
| Name _____ | Relation _____ | Phone _____ |

**CUSTODY CONCERNS**

There is a custody situation with my child. YES \_\_\_ NO \_\_\_

If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_

The Preschool requires court documentation in all custody situations.  
The parent who has custody is responsible for providing paperwork upon registration.

**ABOUT MY CHILD**

What contacts has child had with other children? \_\_\_\_\_

Previous school attendance: Where? \_\_\_\_\_ When? \_\_\_\_\_

Was this a positive or negative experience for your child? Please explain \_\_\_\_\_  
\_\_\_\_\_

Is English your child's primary spoken language? YES \_\_\_ NO \_\_\_ If NO, what language does child speak? \_\_\_\_\_

Is child fully potty trained? \_\_\_\_\_ Does child need assistance? \_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

**FIRST BAPTIST WEEKDAY PRESCHOOL REQUIRES AN UP TO DATE IMMUNIZATION RECORD (OR SIGNED AFFIDAVIT AGAINST SUCH IMMUNIZATIONS) FOR ALL CHILDREN. IMMUNIZATION RECORD TO BE TURNED IN TO TEACHER ON FIRST DAY OF SCHOOL**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of serious injury requiring immediate medical attention, your child will be taken to the nearest hospital designated by 911 emergency personnel.

**General Health of Child**

List any physical or medical issues \_\_\_\_\_  
\_\_\_\_\_

Does your child have a medical condition/diagnosis? YES \_\_\_ NO \_\_\_

If YES, please explain and inform us of any special instructions. \_\_\_\_\_  
\_\_\_\_\_

Does your child have allergies? YES \_\_\_ NO \_\_\_

If YES, please inform us of all allergies in detail. Give special instructions for each allergy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been tested for or is he currently receiving any services including (please check any that apply):  
\_\_\_ emotional \_\_\_ behavioral \_\_\_ speech \_\_\_ developmental delays \_\_\_ other- Babies Can't Wait, etc ( \_\_\_\_\_ )

If so, please explain briefly on back of paper. Please provide a copy of any assessments.

**How did you hear about our preschool?**

\_\_\_ Internet \_\_\_ Friend (Name: \_\_\_\_\_)  
\_\_\_ Newspaper \_\_\_ Other \_\_\_\_\_ Facebook Ad

### First Baptist Church Weekday Preschool Parental Consent Form

I, the undersigned parent or legal guardian, do hereby give consent for the minor named below to participate in the activities of the First Baptist Church Weekday Preschool of Rome, GA, for the 2018-2019 year. I understand that said activities will occur both on and off of the property of the Church Weekday Preschool/FBC and will include traveling within Rome, Floyd County and adjacent counties and may include transportation including, but not limited to, personal vehicles.

**Medical Information**

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (use back if needed) \_\_\_\_\_

Medications (use back if needed)

**Authorization for Treatment & Release of Claims**

I, the undersigned, do for myself and on behalf of my child under 18 years of age, give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself and on behalf of my child under 18 years of age hereby release from all claims and forever hold harmless the directors, employees, volunteers, and agents of First Baptist Church Weekday Preschool/FBC of Rome, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for First Baptist Church Weekday Preschool of Rome to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

**I, the undersigned, attest that the information provided in the Registration Form and Parental Consent Form (pages 1-3) is true and complete.**

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

Parent/Guardian Signature **(sign only in presence of a Notary)** \_\_\_\_\_

Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_

In Presence of: \_\_\_\_\_ (NOTARY SEAL)  
Notary Public for the State of GA

Commission Expires: \_\_\_\_\_