

**CLASSES ARE
9AM-1PM**

2020-2021 Registration Form

First Baptist Church Weekday Preschool

100 East 4th Avenue • Rome, GA 30161 • (706) 295-1150 • mwood@fbcrome.org

Visit our website at www.fbcrome.org

Reg./Aug
Fee\$ _____
Check # _____
Date Rec. _____

1st Month Tuition
\$ _____
Check# _____
Date Rec. _____
Office Use Only

• Fee due at Registration is \$150.00 (non-refundable Registration Fee \$100 & \$50 toward Aug tuition)
Registration Fee for Siblings is \$115.00 (non-refundable Registration Fee \$65 & \$50 toward Aug tuition)
Please note that the Registration Fee and the \$50 payment toward August tuition are both non-refundable.

- Remainder of non-refundable August tuition is due in full by June 1 to secure child's position.
- Siblings & FBC church members receive a \$5/mo discount in their tuition.

Class placement is based on child's age on September 1, 2020.

TODDLERS (12mos-23mos):

___ Tuesday/Thursday \$190/mo

TWO YEAR OLDS:

___ Monday/Wednesday \$190/mo

___ Tuesday/Thursday \$190/mo

___ Monday through Thursday \$260/mo

(3 Day) **THREE YEAR OLDS:** ___ Tuesday through Thursday \$205/mo

(4 day) **THREE YEAR OLDS:** ___ Monday through Thursday \$225/mo

PRE-K (4 & 5yrs): ___ 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 ___

Child's Name _____

PEOPLE AUTHORIZED TO PICK UP MY CHILD / EMERGENCY CONTACTS: It is understood that parents & guardians are authorized to pick up. A signed note is required for additions and/or deletions to this list.

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

Name _____ Relation _____ Phone#s _____

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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 ___ Facebook Ad

___ Other (_____)

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 _____ 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 _____

Insured 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 _____

Print Name _____ Date Signed _____