



3 year Pre-K Program

Children must be 3 years old by September 1st of current school year and COMPLETELY potty trained per our license with Georgia's Bright from the Start.

Ringgold First Baptist Pre-K and Learning Center

7611 Nashville Street
Ringgold, GA 30736
706-935-6501

prek@ringgoldfbc.net

"Serving children ages 2-5 years old since 1969"

Registration Form for the 20__ 20__ school year.

Child's Legal Name: _____

Name child prefers: _____ Date of Birth: _____ Age: _____ Male [] Female []

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellphone #: _____

First Parent/Guardian Name: _____

Address (If different from child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Employer Name & Physical Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Second Parent/Guardian Name: _____

Address (if different from the child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Employer Name & Physical Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Marital Status: [] Married [] Single [] Widow(er) [] Separated* [] Divorced*

*If Divorced/Separated, who has legal custody of child? _____

* May non-custodial parent pick-up the child? [] Yes [] No [] Other/Details: _____

If non-custodial parent MAY NOT pick-up child, documentation from the court is required for our files.

Child's Living Arrangements: [] Both Parents [] Mother [] Father [] Other: _____

Dismissal Release: Child may be released to the parent/guardian signing this agreement or to the following:

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**

*** The staff will check the physical address as listed with a picture I.D. of the person that the child may be released to.**

1. Name: _____ **Phone#:** _____

Relationship: _____ **Physical Address (as appears on ID):** _____

City: _____ **State:** _____ **Zip:** _____

2. Name: _____ **Phone#:** _____

Relationship: _____ **Physical Address (as appears on ID):** _____

City: _____ **State:** _____ **Zip:** _____

3. Name: _____ **Phone#:** _____

Relationship: _____ **Physical Address (as appears on ID):** _____

City: _____ **State:** _____ **Zip:** _____

Emergency Dismissal: Persons to contact in the event of an emergency when parents/guardians cannot be reached: *The child may also be released to the following with the required picture ID.

1. Name: _____ **Phone#:** _____

Relationship: _____ **Physical Address (as appears on ID):** _____

City: _____ **State:** _____ **Zip:** _____

2. Name: _____ **Phone#:** _____

Relationship: _____ **Physical Address (as appears on ID):** _____

City: _____ **State:** _____ **Zip:** _____

3. Name: _____ **Phone#:** _____

Relationship: _____ **Physical Address (as appears on ID):** _____

City: _____ **State:** _____ **Zip:** _____

Emergency Transportation Authorization: In the event of an emergency I give the Ringgold First Baptist Pre-k and Learning Center Staff and the Catoosa County EMS my permission to evacuate or transport my child from the property of First Baptist Church of Ringgold.

Parent Signature: _____ **Date:** _____

Special Instructions: _____

Child's Medical and Health Information *All information MUST be filled out completely

Child's Primary Physician/Pediatrician: _____

Address: _____ **City:** _____ **State:** _____

Phone #: _____ **Alt. Phone#:** _____

Preferred Hospital: _____

My Child has the following special needs: _____

The following special accommodation(s) may be required to meet my child's need most effectively while at the center:

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Other Allergies/Medical Problems: _____

Status of toilet training (please check one): Fully Trained [☐] YES [☐] NO

***Children MUST be completely potty trained to participate in our licensed 3-4 year old classrooms.**

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize Ringgold First Baptist Pre-K and Learning Center Staff to contact me immediately at (phone #) _____ should my child: _____ D.O.B. _____ become ill, injured, or has an emergency while my child is in their care.

In the event the parents (legal guardians) cannot be reached, the Pre-k and Learning Center Staff shall be authorized to secure and consent to such medical attention, treatment and services for my child as deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept my consent as if given by me in person. I agree to assume all responsibility for payment of all medical cost incurred and will not hold First Baptist Church of Ringgold, Ringgold First Baptist Pre-K and Learning Center, its pastors, employees, agents, and volunteer workers responsible or liable for any emergency, mishap, accident, or illness that may occur while my child is in their care. I also release First Baptist Church of Ringgold, Ringgold First Baptist Pre-K and Learning Center, its pastors, employees, agents, and volunteer workers of any and all liability in connection to the authorization of medical treatment.

Parent/Guardian signature: _____ **Date:** _____

Permission for Photographs

[☐] I DO [☐] I DO NOT give my permission for my child to be photographed within Ringgold First Baptist Pre-K and Learning Center. ***Pictures taken on our premises or while attending a fieldtrip are used for memory books and the SEESAW app to communicate with our parents/guardians.**

Parent/Guardian Signature: _____ **Date:** _____

Notes: _____

Enrollment: Child's Name: _____

[☐] 3 / 4 year preschool class

*Classroom placements are based on the child's age as of September 1st.

Do you have a teacher request? (Please check one below)

[☐] Teacher's name: _____

[☐] No Preference.

Enrollment Preferences:

(Please check the box for the number of days you would like your child to attend.)

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**

Number of Mornings per week for enrollment:

- ☐ 3 Mornings per Week (Monday, Wednesday, Friday) 7:45 a.m. – 11:45 a.m. **\$245.00 per month**
- ☐ 5 Mornings per Week (Monday - Friday) 7:45 a.m. – 11:45 a.m. **\$270.00 per month**
- ☐ 3 Full Days per Week (Monday, Wednesday, Friday) 7:15 a.m. – 4:15 p.m. **\$440.00 per month**
- ☐ 5 Full Days per Week (Monday – Friday) 7:15 a.m. – 4:15 p.m. **\$495.00 per month**

Registration Fee \$75.00 per year (non-refundable) due at the time of registration

Signature of Parent/Guardian: _____ **Date:** _____

***Please make sure that the registration form is filled out completely, please DO NOT leave blank spaces (N/A may be used where necessary).**

****Parent Agreement is to be signed, dated, and returned with the Registration Form.**

Tuition/Payments

Tuition is paid monthly and is due between the 1st and the 5th of every month. For payments such as tuition, registration fees, etc. we have 3 payment options: check, cash, or card. We have a card system that will send you a text to your phone stating that tuition is due and how much you owe for the month. Please check the box below of what type of payment you would prefer to use. If you would like to be signed up for our text alert payment system, please put your name/names below and a good mobile number/numbers to use.

(please check one): ☐ Yes, I would like the card option. ☐ I will pay by cash or check

Name: _____ **Mobile #** _____

OFFICE USE ONLY

Date Registration Received: _____ Entrance Date: _____ Teacher: _____

Registration Fee: \$75.00 non-refundable Check #/Cash/Card: _____

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**