



**FIRST BAPTIST CHURCH OF HAYNESVILLE**

**Haynesville Hide Away**

**Preschool**

**Enrollment**

**2025-2026**

**Registration Fee \$100**

**Programs:**

**9:00AM -12:00PM**

**1 Year olds:**

**Monday and Wednesday**

**2,3, &4 Year olds:**

**Monday, Tuesday, and Wednesday**

"And the child grew and became strong in spirit, filled with wisdom, and the grace of God was upon him" Luke 2:40



## Registration and Monthly Tuition Payment Plan

If you are interested in joining our program you will need to join Brightwheel. (See the Brightwheel Flyer on the next page). As soon as you have made me aware of your intentions, I will send you an invitation to join Brightwheel so that you can set up your account.

This will allow you to pay your registration and tuition fees online. **This is the preferred method of payment.** If you are paying the registration or tuition by check, please make all checks payable to Haynesville Hide Away Preschool. Please put your child's name (first & last) on the memo line.

**A non-refundable registration fee of \$100 is due annually.**

# Non-expired Immunization Form Due Upon Enrollment

Please have your Pediatrician or Health Dept. FAX an updated Immunization Form. I will be looking at the expiration date to ensure its validity. The FAX number for the church is 478-987-3748.

## Introducing brightwheel

### Never Miss a Moment!

Brightwheel is an all-in-one app where you can stay connected to your child throughout the day. Get real-time updates on your phone and tablet so you never miss a moment!

#### Features You'll Love:

- ▶ Personalized "News Feed" of your child with photos, videos, and daily activities
- ▶ Digital check-in with real-time notifications
- ▶ Milestones and learning updates from your child's teacher
- ▶ Secure and private direct messaging
- ▶ Secure, automated payments
- ▶ Easy sharing with other family members

### Our Trusted Partner

Brightwheel is the leading app for early-childhood education, trusted by thousands of schools throughout the country. The app was featured on the TV show Shark Tank for its impressive functionality, easy-to-use features, and deep commitment to the needs of schools and families. We're proud to partner with Brightwheel as part of our ongoing effort to provide a world-class experience to you—our families.



## Parents brightwheel



*My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message the teacher gives me peace of mind! I love it!!*



*I love using brightwheel. I am able to feel close to my child while I'm work, and keep up with what she's doing through her day. It's also a quick and effective way to communicate with her teachers. HIGHLY RECOMMEND!*



Date	Time	Place	Event / Holiday
August 3, 2025	2:00PM	Family Life Center	In-House Meet & Greet
August 4, 2025	9:00AM	Preschool Building	First Day of School
September 1-2, 2025			Labor Day Holidays
October 6-8, 13, 2025			Columbus Day / Fall Break Holidays
November 11, 2025			Veterans Day Holiday
November 19, 2025	11:00AM	Family Life Center	Thanksgiving Festivities with Kids & Grandparents' Day
November 24-26, 2025			Thanksgiving Holidays
December 17, 2025		Classroom-Kids Only	Christmas Festivities with Kids
Dec 22-Jan 4, 2026			Christmas / New Years Holidays
January 5, 2026	9:00AM	Preschool Building	Preschool Classes Resume
January 19, 2026			Martin Luther King Holiday
February 11, 2026		Classroom-Kids Only	Valentines Day Party with Kids
February 16-17, 2026			President's Day Holidays
March 2-4, 2026			Dr. Seuss Week
March 4, 2026		Sending home with kids	Pastries For Parents
March 25, 2026	11:00AM	Front of Playground	Easter Egg Hunt (Parents Invited)
Mar 30-Apr 1, & 6 2026			Spring Break Holidays
May 13, 2026			Last Day of Preschool
May 13, 2026	6:30PM	FBCS Sanctuary	End of Year Program

# ENROLLMENT APPLICATION 2025-2026

## Haynesville Hide Away Preschool

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

Name Preferred \_\_\_\_\_ Gender \_\_\_\_\_ Age on September 1, 2025 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

**MOTHER/Guardian**

**FATHER/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

(If Different from the Child's)

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

(If Different from the Child's)

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone# \_\_\_\_\_

Child's Living Arrangements: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other

Child's Legal Guardian (s): \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other

Name of other household members/relationships:

Name/Relationship

Name/Relationship

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our Preschool? Church Sign \_\_\_\_\_ Church Bulletin \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Other \_\_\_\_\_

Has applicant ever had any discipline or emotional problems in preschool/daycare?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain \_\_\_\_\_

My child has the following needs: \_\_\_\_\_

Does your child have any identifying birthmarks \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please identify in detail: \_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Allergies or other medical/drug related limitations? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

# ENROLLMENT APPLICATION 2025-2026

## Haynesville Hide Away Preschool

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

Name Preferred \_\_\_\_\_ Gender \_\_\_\_\_ Age on September 1, 2025 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

### MOTHER/Guardian

### FATHER/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

(If Different from the Child's)

(If Different from the Child's)

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone# \_\_\_\_\_

Work Phone# \_\_\_\_\_

Child's Living Arrangements: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other

Child's Legal Guardian (s): \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other

### Name of other household members/relationships:

Name/Relationship

Name/Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about our Preschool? Church Sign \_\_\_\_\_ Church Bulletin \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Other \_\_\_\_\_

Has applicant ever had any discipline or emotional problems in preschool/daycare?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain \_\_\_\_\_

My child has the following needs: \_\_\_\_\_

Does your child have any identifying birthmarks \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please identify in detail: \_\_\_\_\_

\_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Allergies or other medical/drug related limitations? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

## **Financial Agreement**

### **Haynesville Hide Away Preschool**

For one-year-olds, a monthly tuition of **\$125** must be paid in full by the first day of each month. For the two, three, and four-year-olds, a monthly tuition of **\$175** must be paid in full by the first day of each month. Upon initial time of enrollment, a registration fee of **\$100** must be paid annually. Said registration fee is non-refundable should you decide for any reason to not use Haynesville Hide Away Preschool. The \$100 Registration fee is guaranteed to save your child a spot on the 2025-2026 Roster.

**Fees:** If payment is not received by the seventh day of each month, a \$20 late fee may be added to the amount unless provisions have been made by the director. If the payment is not received by the end of the month, the child will not be allowed to return to school until the account is paid in full.

**Fee Schedule Changes:** Haynesville Hide Away Preschool reserves the right to make changes to the fees and conditions of enrollment. Parents will be given at least two weeks notice prior to any changes.

**Closing of the Day:** All students picked-up after 12:10 may be subject to a late fee of **\$10**.

**Absences:** Should illness be the reason and your child will be out for more than one day, a call or text is appreciated. Please call or text Cathy Fowler, Preschool Director at 478-955-8214. There is no reduction in fees, because you are paying for space reserved for your child, even when he/she is absent. Communication can also be made through the Brightwheel App directly to the classroom teacher.

**Holidays:** A full month's tuition will be charged during these weeks.

**\*The PREFERRED method of payment is through the Brightwheel App.** As of the 2025-2026 School year, no checks (other than the registration fee) will be allowed. Sorry for the inconvenience.

**Returned Check Fee:** There will be a fee of \$25 for each returned check.

Cash or Money Order will be required for payment after two returned checks.

**Monthly Receipts:** Written for all money transactions involving checks or cash.

\*All money must be given to the Preschool Director. Please do not pay our church office secretary, teachers, or volunteers.

**Checks Payable to:** Haynesville Hide Away Preschool



## Emergency Medical Authorization Haynesville Hide Away Preschool

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Should my child suffer any injury or illness while in the care of Haynesville Hide Away Preschool, and if the facility is unable to contact me (us) immediately, I hereby authorize them to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the preschool informed of changes in the telephone numbers, etc., where I (we) can be reached.

\*Due to our location, if a child needs to be taken to the hospital via ambulance, they will be taken to Taylor Regional Hospital in Hawkinsville.

The preschool agrees to keep me (us) informed of any incidents requiring professional medical attention involving my (our) child.

Child's primary source of health care is:

_____ Physician/Clinic Name	_____ Telephone number
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Please list below any known allergies or medical conditions (i.e. diabetes, asthma, drug allergies, etc.) or other physical problems, mental health disorders, mental retardation or developmental disabilities, which would limit the child's participation in the center's program and activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has any special needs, please describe any special procedures that need to be followed in caring for your child: \_\_\_\_\_

\_\_\_\_\_

\*All teachers are CPR/First Aid certified.

**\*A certificate of Immunization from your doctor or health department (GA Dept. of Human Resources Form 3231) must be on file prior to the start of school.**

**Emergency Contact**  
**Haynesville Hide Away Preschool**

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

**YOU DO NOT HAVE TO USE ALL FOUR SECTIONS BELOW UNLESS YOU WANT/NEED TO.**

Person to contact in the case of emergency when parents cannot be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to contact in the case of emergency when parents cannot be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Permission for Topical Creams or Ointments**  
**Haynesville Hide Away Preschool**

Haynesville Hide Away Preschool has permission to apply the items indicated below to my child,

\_\_\_\_\_, as needed while in our care.

\_\_\_\_ Diaper rash cream

\_\_\_\_ Sunscreen

\_\_\_\_ Hydrocortisone Cream

\_\_\_\_ Liquid Benadryl

\_\_\_\_ Other

If a specific name brand is required for your child, please send it and we will put it in our first aid location with your child's name on it. Otherwise, we will use what we have on hand.

Haynesville Hide Away Preschool from time to time will be updating our Facebook/website profile with current pictures of our students during their daily activities. We are asking that if you allow Haynesville Hide Away Preschool to use your child’s picture, that you sign our release form below. No pictures will be used of your child without your signed permission.

**Permission to use Photograph**

I, being the parent/guardian of \_\_\_\_\_ hereby consent that the videotapes, electronic images, and photographs of my child may be used by Haynesville Hideaway Preschool, its assigns or successors for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I understand that such items shall be the property of Haynesville Hide Away Preschool.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Date: \_\_\_\_\_

**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**

Haynesville Hideaway Preschool is covered by liability insurance through First Baptist Church of Haynesville.

## Parent Handbook Acknowledgement and Parental Agreement Haynesville Hide Away Preschool

Student Name: \_\_\_\_\_

I/we, \_\_\_\_\_, have received a copy of

the Haynesville Hide Away Preschool Handbook. I/we have read and understand the policies of Haynesville Hide Away Preschool.

I/we, \_\_\_\_\_, agree to comply with all

parental procedures and understand the procedures of Haynesville Hide Away Preschool.

\_\_\_\_\_  
Signed (Parent/Legal Guardian)

\_\_\_\_\_  
Date

## Approved Pick-Up List

### Haynesville Hide Away Preschool

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

**YOU DO NOT HAVE TO USE ALL OF THE SECTIONS BELOW UNLESS YOU WANT/NEED TO.**

Child may be released to the following persons:  
(Parent's, please include yourself as an authorized pick-up person.)

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relation to child \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relation to child \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relation to child \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relation to child \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list the name or names of any person you ABSOLUTELY do not want picking your child up from preschool.

Name	Relation (if applicable)
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Signed Parent/(Guardian)	Date
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