

## USE OF PHOTOGRAPHS AUTHORIZATION

**Pictures of my child may be taken for use within the First Baptist Church campus.**

Yes ☐ No ☐

**Pictures of my child may be taken for use outside the First Baptist Church campus.**

**I understand this may include church publications and other forms of media.**

Yes ☐ No ☐

# AGREEMENT

**First Baptist Preschool agrees to provide care September through the middle of May.**

**Hours are 8:30 am until 11:30 am. Parents will send a nutritious snack each day.**

Preschool tuition is due by noon on the 10th. Late payments will include a late fee of 10% of monthly tuition. Tuition is based on a yearly amount that is divided into equal monthly payments.

**As a parent...**

**I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all the information and authorizations pertaining to my child current and up-to-date.**

I acknowledge that my child cannot be admitted until all required forms are completed.

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 \_\_\_\_\_

OFFICE USE ONLY

Date Registration Fee Received \_\_\_\_\_ Check Number \_\_\_\_\_

Total Paid \_\_\_\_\_ Class Requested \_\_\_\_\_

# Weekday Preschool Ministry



*Jesus said, "Let the children come to me."*

## Matthew 19:14

## First Baptist Church

**1483 West Highway 78**

**Villa Rica, GA 30180**

**770-459-5138**

**www.fbcvr.com**

**Notice of Nondiscriminatory Policy as to Students:** First Baptist Church Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational and admissions policies.

Please circle your preference:

Class:        2s        3s        4s        Days/Week Attending:    3        5

School Year \_\_\_\_\_

APPLICANT

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

PARENT INFORMATION

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

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Marital Status: Circle One    Single    Married    Divorced

Separated    Widowed

HOUSEHOLD INFORMATION List All Members of Household \_\_\_\_\_

CHURCH AFFILIATION—Please complete the following information.

Religious Affiliation \_\_\_\_\_

Name of Church You Regularly Attend \_\_\_\_\_

Would you like more information about First Baptist Church? Yes \_\_\_\_ No \_\_\_\_

RELEASE AUTHORIZATIONS

The child may be released to the person(s) listed below:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

EMERGENCY AUTHORIZATIONS

Emergency Contacts (non-parent, local)

Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Doctor \_\_\_\_\_

Phone (    ) \_\_\_\_\_

I hereby authorize First Baptist Church to have my child transported to the closest licensed physician or medical treatment center to seek treat for my child in case of emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MEDICAL INFORMATION

Does the child have any allergies? No \_\_\_\_ Yes \_\_\_\_ List: \_\_\_\_\_

Are there any medical/mental/emotional problems or any special procedures required for the care of your child? If so, please explain. \_\_\_\_\_