

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 _____ Gender M F

Birthdate _____

Child Prefers to be Called _____

Address _____

City _____ Zip _____

Preferred 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 () _____

HOUSEHOLD INFORMATION List All Members of Household _____

CHURCH AFFLIATION—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. _____