



**2017-2018**  
**REGISTRATION FORM FOR**  
**FBCD WEEKDAY PRESCHOOL**  
 2908 Hwy 120 Duluth GA 30096  
 770-476-3780  
[www.preschool@duluthbaptist.org](http://www.preschool@duluthbaptist.org)

2017 – 2018 For Office Use Only	
Reg Date _____	Class Placement _____
Reg Fee Amount _____	Check # _____
Age as of 9/1/17 : _____	
ACS _____	Constant Contact _____

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

Prefers to be Called \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Preferred E-Mail Address (PRINT legibly) \_\_\_\_\_

Preferred Phone (will call first) \_\_\_\_\_

Father's/Guardian's (circle one) Name \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's/Guardian's (circle one) Name \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Do both parents have custody rights? \_\_\_\_\_  
 If No, who has custody? \_\_\_\_\_

Do you have a church home? \_\_\_\_\_ Denomination/Religion \_\_\_\_\_

Church Name: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language Spoken in Home: \_\_\_\_\_

**Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices below.**

\* Please note that students in the 3, 4, & 5 year old classes MUST be toilet trained.

1 <sup>st</sup> , 2 <sup>nd</sup> Choice	Class	Day(s) Offered Circle Choice	Registration Fee (Due at registration)	Activity Fee (Due Sep. 1 <sup>st</sup> )	Monthly Tuition
	MDO 12 - 24 mos. Old - 1 day	Wed	\$100	\$30	\$105
	MDO 18 - 24 mos. Old - 2 days	M,T or Th, F	\$100	\$40	\$170
	2 yr. old - 2 days	Th, F	\$100	\$40	\$170
	2 yr. old - 3 days	M - W	\$150	\$50	\$220
	Older 2's - 3 days (Child must turn 3 by Nov. 30)	M - W	\$150	\$50	\$220
	2's , 5 days = \$365				
	3 yr. old - 3 days	Tu - Thr	\$150	\$50	\$220
	3 yr. old - 4 days	Tu - F	\$150	\$50	\$255
	3 yr. old - 5 days	M - F	\$150	\$60	\$285
	4 yr. old - 5 days	M - F	\$175	\$65	\$285
	Older 4's/ Young 5's (Child must turn 5 by Nov. 30)	M - F	\$175	\$75	\$285

***A non-refundable registration fee should accompany application.  
 A current immunization form must be provided when school begins in September.***

# REGISTRATION FORM FOR FBCD WEEKDAY PRESCHOOL

## Emergency Contact List

Please provide the names of two people (relatives or friends) that we may contact in the event of an emergency and the parents/guardians cannot be reached:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

## Parent Agreement

I wish to enroll my child, \_\_\_\_\_ at FBCD Weekday Preschool for the 2017 – 2018 school year. I am enclosing the required registration fee of \$ \_\_\_\_\_. I understand the registration fee is **non-refundable** and does not apply to any month's tuition. I also agree to make nine additional tuition payments of \$ \_\_\_\_\_ by the 1st day of the following months: May (to be applied to May '18 or last month of attendance), Sept., Oct., Nov., Dec., Jan., Feb., Mar., and Apr. If the monthly tuition is not received by the 10<sup>th</sup> of the month, I realize that I will be charged a **\$25 late fee**. I understand **the May tuition payment confirms and guarantees my child's enrollment for the beginning of school in Sept.** Without receipt of this payment, the weekday preschool has the right to relinquish my child's spot to another applicant. **I understand if I must withdraw my child, 30 days' notice is required.** I understand that I will be charged a late fee if I am late picking up my child. I also understand I will be responsible for paying the bank charges for any returned checks.

Parent  
Initials

## Waiver of Liability

It is mutually agreed that in the event of accident or illness of my child while in the care of FBCD Weekday Preschool, the staff shall use its' best efforts to contact the parents. In the event a parent is not immediately available, however, the staff is authorized to secure such medical care as the situation may reasonably warrant. It is agreed that where the school has acted in good faith to comply with an accident or illness of the child, any and all liability as might exist is expressly waived by the parents.

Parent  
Initials

## Authorization to Consent to Treatment for Minor Child

I, \_\_\_\_\_ of \_\_\_\_\_, GA do hereby state that I am the natural parent  
Parent or Guardian Name City in which you live

having legal custody of \_\_\_\_\_, who resides with me at \_\_\_\_\_.  
Your child's Name Your Street Address

I authorize my child's teacher, the Director or Associate Director of FBCD Weekday Preschool, Duluth, GA, to consent to X-Ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care to be rendered to the minor under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent are unsuccessful. This authorization applies only during the hours my child is attending FBCD Weekday Preschool.

Parent  
Initials

Insurance Co. & Policy/Group Number

Hospital Preference

Child's Doctor and Phone number

Please list allergies, physical or medical conditions, and/or fears / anxieties.

Please list siblings and their ages

## Photography Consent

You have my permission to photograph my child during school activities and use it for school promotional resources. Yes \_\_\_\_\_ No \_\_\_\_\_

## Class Directory Consent

You have my permission to release my address and phone number for a class directory. Yes \_\_\_\_\_ No \_\_\_\_\_

By signing below, I hereby acknowledge my understanding and agreement to the aforementioned form.

Parent or Guardian

Date

May 19, 2018  
Exp. Date