



2017-2018 RETURNING STUDENT
**This form will be accepted beginning Tuesday, January 31st*
IN HOUSE REGISTRATION FORM
FOR FBCD WEEKDAY
PRESCHOOL
 2908 Hwy 120 Duluth GA 30096
 770-476-3780
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 _____

Parents' OR Guardians' Names _____

Preferred Phone (will call first) _____

Address _____

City _____ Zip Code _____ Home Phone _____

Preferred E-Mail Address (PRINT legibly) _____

Please indicate 1st and 2nd choice

MDO 12 & 18 months old (as of September 1, 2017)		Registration Fee	Activity Fee (Due 9/1)	May '18 Tuition (Due 5/1)
1 Day 12 - 24 mo. Old Wednesday	9:00 – 1:00	\$100.00	\$30.00	\$105.00
2 Day 18 - 24 mo. Old Mon and Tues	9:00 - 1:00	\$100.00	\$40.00	\$170.00
2 Day 18 - 24 mo. Old Thurs and Fri	9:00 – 1:00	\$100.00	\$40.00	\$170.00

* We must have at least 3 children registered in a MDO class before we will begin class.

2 year olds (as of September 1, 2017)		Registration Fee	Activity Fee	May '18 Tuition
2 Day Thursday and Friday	9:00 – 1:00	\$100.00	\$40.00	\$170.00
3 Day Mon - Wed	9:00 – 1:00	\$150.00	\$50.00	\$220.00
Older 2's 3 Day Mon-Wed (Must be 3 years old by 12/31/2017)	9:00 – 1:00	\$150.00	\$50.00	\$220.00

2's (5) days = \$365

3 year olds (as of September 1, 2017) Note: 3's and up must be toilet trained		Registration Fee	Activity Fee	May '18 Tuition
3 Day Tues - Thurs	9:00 – 1:00	\$150.00	\$50.00	\$220.00
4 Day Tues – Fri	9:00 – 1:00	\$150.00	\$50.00	\$255.00
5 Day Mon – Fri	9:00 – 1:00	\$150.00	\$60.00	\$285.00

4 year olds (as of September 1, 2017)		Registration Fee	Activity Fee	May '18 Tuition
5 Day Monday – Friday	9:00 – 1:00	\$175.00	\$65.00	\$285.00

5 Day Older 4's Young 5's (must be 5 years old by 12/31/2017)		Registration Fee	Activity Fee	May '18 Tuition
<i>This program is designed for older four year olds and those five year olds who have chosen to delay entering kindergarten for another year.</i>				
5 Days Monday – Friday	9:00 – 1:00	\$175.00	\$75.00	\$285.00

I understand that classes are filled on a first come first served basis. If my first choice for class placement of my child is not available, my child will be placed in the spot that I have marked second and I will receive a phone call from the office staff. Our tuition is an annual figure divided into 9 equal payments. It is due at the beginning of each month. A late fee of \$25 is charged after the 10th of the month. **One month's tuition will be due May 1st 2017 and will be applied as the last month's tuition (May'18).** I have included a check made payable to First Baptist Duluth Weekday Preschool for the registration amount noted in order to secure a spot for my child.

Signature of Parent _____ Date _____

Method of Payment Check # _____ Cash _____ Amount _____

A NONREFUNDABLE registration fee should accompany application.
A current immunization form must be provided when school begins in September.
FRONT AND BACK OF FORM MUST BE COMPLETED.

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 10th 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.

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.

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.

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