



2017
SUMMER
PLAYCATION
REGISTRATION FORM
FBCD PRESCHOOL
2908 Hwy 120 Duluth GA 30096
770-476-3780

<i>2017 Playcation -- For Office Use Only</i>	
Reg Date _____	Class Placement _____
Tuition Fee Amount _____	Check # _____
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: _____

Limited Space Available

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

Choice	Class	Date of Birth	Day(s) Offered	Registration Fee (Due at registration)	Monthly Tuition
	Lambs	9-2-2015 to 9-1-2016	Wed & Thurs	\$15	\$185
	Bees	9-2-2014 to 9-1-2015	Wed & Thurs	\$15	\$185
	Rabbits	9-2-2013 to 9-1-2014	Wed, Thurs, Fri	\$15	\$240
	Butterflies	9-2-2012 to 9-1-2013	Wed, Thurs, Fri	\$15	\$240
	Frogs	9-2-2011 to 9-1-2012	Wed, Thurs, Fri	\$15	\$240

A non-refundable registration fee should accompany application.
FRONT AND BACK OF FORM MUST BE COMPLETED.

REGISTRATION FORM FOR FBCD PRESCHOOL PLAYCATION

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 _____

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 _____

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

Parent or Guardian

Date

July 28, 2017
Exp. Date

2908 Georgia Highway 120 • Duluth Georgia 30096 • 770-476-3780 • Fax 770-476-3847

preschool@duluthbaptist.org • duluthbaptistpreschool.org •