



Your child must be the age of the class you are registering for by September 1st, 2025.

Please check the age group you are registering for:

_____ 18 month Toddler Class only offer 3 day/week

_____ 2 Year Old 3 day/week _____ 2 Year Old 5 day/week

_____ 3 Year Old 3 day/week _____ 3 Year Old 5 day/week

_____ 4 Year Old 5 day/week

Child's Name _____

Child is called _____ **Birthdate** _____ **Gender** M F

Home Address _____

City _____ **State** _____ **Zip Code** _____

Parents cell phone number: Mom _____ **Dad** _____

Email address _____

Father's Name _____

Employer _____ **Phone** _____

Mother's Name _____

Employer _____ **Phone** _____

Parents are: Married ____ **Divorced** ____ **Separated** ____ **Who has custody?** _____

RELEASE AUTHORIZATIONS

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

Name _____ **Phone** _____

Name _____ **Phone** _____

Do you have any concerns about any aspect of your child's development? _____

What is the method of behavior control used in your home? _____

Has your child attended preschool or daycare before? _____

Does your family attend church? _____

HEALTH INFORMATION

Does your child have problems with vision or hearing? _____

Does your child have any food, drug, or environmental allergies? _____

Does your child take any regular medication? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? _____

PHOTO AUTHORIZATION

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

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

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

Permission for Medical Treatment

I hereby give my permission for a qualified physician and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency.

Parent signature: _____ Date: _____

I/We the undersigned do hereby release and forever discharge all staff members or sponsors of First Baptist Church Villa Rica from any and all claims, demands, actions, or causes of action, past, present, or future arising of damage or injury while participating in preschool activities.

Dated this _____ day of _____, _____.

Parent signature: _____.

Non Discriminatory Policy

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.

However, our facilities, equipment, staff training, and ratio numbers limits our ability to meet the needs of some students who may apply. Therefore, admittance and continuance in our program will be considered and reviewed on an individual basis by the director and the preschool committee.

REGISTRATION 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 and the registration fee has been paid.

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's Signature_____ **Date**_____

(OFFICE USE ONLY) \$125 registration fee:

Cash_____ **Check number** _____ **Card**_____ **Date** _____