



First Baptist Church Duluth
 Weekday Preschool
 2908 Hwy 120
 Duluth, GA 30096
preschool@duluthbaptist.org
 770.476.3780
 Fax 770.476.3847

<i>For Office Use Only</i>	
Reg Date _____	Class Placement _____
Reg Fee Amount _____	Check # _____
Age as of 9/1/11 : _____	

Child's Full Name _____ Date of Birth _____

Prefers to be Called _____ Gender: Male _____ Female _____

Father's Name _____ Cell Phone _____

Business Phone _____ Occupation/Employer _____

Mother's Name _____ Cell Phone _____

Business Phone _____ Occupation/Employer _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ E-Mail Address _____

Parent's Marital Status _____ Do both parent's have custody rights? _____

Do you have a church home? _____ Denomination/Religion _____

Church Name: _____

Cultural Background: _____ Language Spoken in Home: _____

Please indicate 1st and 2nd choices below.

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

1 st , 2 nd , 3 rd Choice	Class	Day(s) Offered Circle Choice	Registration Fee (Due at registration)	Activity Fee (Due Sep. 1 st)	Monthly Tuition
	MDO 12 mos. old - 2 days	M,T	\$100	\$40	\$165
	MDO 12 - 24 mos. old - 1 day	Wed	\$100	\$30	\$100
	MDO 18 mos. old - 2 days	Th, F	\$100	\$40	\$165
	2 yr. old - 2 days	Th, F	\$100	\$40	\$165
	2 yr. old - 3 days	M - W	\$150	\$50	\$210
	Older 2's - 3 days (Child must turn 3 by Oct. 31, 2011)	W - F	\$150	\$50	\$210
	3 yr. old - 3 days	M - W	\$150	\$50	\$210
	3 yr. old - 4 days	T - F	\$150	\$50	\$245
	4 yr. old - 4 days	M - Th	\$150	\$50	\$245
	4 yr. old - 5 days	M - F	\$150	\$50	\$270
	Older 4's/ Young 5's (Child must turn 5 by Oct. 31, 2011)	M - Th	\$150	\$85	\$245
	5 yr. old Kindergarten	M - F	\$250	\$100	\$335

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

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:

Name _____

Address _____

Phone _____ Relation to Child _____

Name _____

Address _____

Phone _____ Relation to Child _____

Parent Agreement

I wish to enroll my child, _____ at FBCD Weekday Preschool for the 2011 – 2012 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 '12 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 \$10 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 that if I must withdraw my child, thirty 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.

Parent or Guardian

Date

Authorization to Consent to Treatment for Minor Child

I, _____ of _____, GA do hereby state that I am the natural parent
having legal custody of _____, who resides with me at _____.
Your Name City in which you live Your child's Name Your street address

I authorize my child's teacher, Ann Mooney (Director), or Lori Mull (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 and Kindergarten.

Parent or Guardian

Date

Exp. Date
May 21, 2012

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