*2021 – 2022 For Office Use Only \_\_\_\_\_\_\_\_\_\_*

Reg Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg Fee Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age as of 9/1/21:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2021-2022 RETURNING STUDENT
\*This form will be accepted beginning Monday, January 27th**

**IN HOUSE REGISTRATION FORM FBCD WEEKDAY PRESCHOOL**

2908 Hwy 120 Duluth GA 30096

 770-476-3780

Weekday@DuluthBaptist.org



**Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents’ OR Guardians’ Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Phone (will call first)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ NEW PHONE NUMBER? Yes \_\_\_ No\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_ NEW ADDRESS? Yes \_\_\_ No\_\_\_**

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

**NEW E-MAIL ADDRESS? Yes\_\_\_ No\_\_\_**

 **Supply/**

Please mark your 1st and 2nd choice **Registration Fee** A**ctivity Fee May ‘21 Tuition**

**MDO 12 & 18 months old (as of September 1, 2021) (Due w/ Reg) (Due 9/1)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Day 12 - 24 mo. Old 9:00 – 1:00Wednesday  |  | $100.00 | $30.00 | $105.00 |
|  |  2 Day 18 - 24 mo. Old 9:00 - 1:00Mon and Tues  |  | $100.00 | $40.00 | $175.00 |
|  | 2 Day 18 - 24 mo. Old 9:00 – 1:00Thurs and Fri |  | $100.00 | $40.00 | $175.00 |

 *3 days=$250, 4 days=$325, 5 days=$395*

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

**2 year olds (as of September 1, 2021)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2 Day Thursday and Friday 9:00 – 1:00 |  | $150.00 | $50.00 | $175.00 |
|  | 3 Day Mon - Wed 9:00 – 1:00 |  | $150.00 | $50.00 | $225.00 |
|  | Older 2’s 3 Day Mon-Wed 9:00 – 1:00 **(Must be 3 years old by 02/29/2022)** |  | $150.00 | $50.00 | $225.00 |

 2’s (5) days = $375

**3 year olds (as of September 1, 2021) *Note: 3’s and up must be toilet trained***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 3 Day Tues - Thurs 9:00 – 1:00 |  | $150.00 | $75.00 | $225.00 |
|  | 4 Day Tues – Fri 9:00 – 1:00 |  | $150.00 | $75.00 | $255.00 |
|  | 5 Day Mon – Fri 9:00 – 1:00 |  | $150.00 | $75.00 | $295.00 |

**4 year olds (as of September 1, 2021)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 Day Monday – Friday 9:00 – 1:00 |  | $175.00 | $75.00 | $285.00 |

Classes are filled on a first come first served basis. If your first choice for class placement of your child is not available, you will receive a phone call from the office.

**Registration fees are NOT refundable.**

**A current immunization form must be provided when school begins in September.**

May’s tuition is due Sept 1, 2021 and will be applied as the last month’s tuition (May 2022)

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Agreement**

 \_\_\_\_\_\_

 Parent

 Initials

 I wish to enroll my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at FBCD Weekday Preschool for the 2021 – 2022 school yea year. I am enclosing the required registration fee of $\_\_\_\_\_\_\_. I understand the registration fee is ***non-refundable*** and does not apply to any any month’s tuition. I also agree to make nine tuition payments of $\_\_\_\_\_\_ by the 1st day of the month. May & Sept tuition are due in due in September. If the monthly tuition is not received by the 10th of the month, I will be charged a ***$25 late fee.***  ***I understand if I withdraw my child, child, 30 days’ notice is required***. I understand I will be charged a late fee if I am late picking up my child. I also understand I will be under responsible for paying the bank charges for any returned checks.

**Waiver of Liability**

\_\_\_\_\_\_

Parent

Initials

 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’ bits’ best efforts to contact the parents. In the event a parent is not immediately available, however, the staff is authorized to secure such medimedical care as the situation may reasonably warrant. It is agreed that where the school has acted in good faith to comply with an aaacaccident 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

Initials

 Parent or Guardian name city in which you live

 parent 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,

 exa examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care to be rendered to the minor under the general or s specific supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia, when the need for such r treatment is immediate, and when efforts to contact either parent are unsuccessful. This authorization applies only during the hours my c 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.

**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 this form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_May 21, 2022\_\_\_**

**Parent or Guardian Date Exp. Date**

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

weekday@duluthbaptist.org •www.duluthbaptistpreschool.org •