

For internal use only:
Date received: _____
Registration Fee: _____

Flat Creek Baptist Church Weekday Preschool

Registration Packet

2021 - 2022 School Year

Welcome

Preschool is such an exciting time in the life of children and their parents and we are excited to be a part of this experience with you. Our wonderful staff is looking forward to meeting your child and watching them grow. Our program offers age and developmentally appropriate activities and learning opportunities that will encourage your child's growth physically, intellectually, spiritually, emotionally, and socially in a nurturing Christian environment.

Enclosed in this packet is the required information to register your child for the 2021-2022 school year. All information, forms, and fees must be completed and returned to be registered. A complete list of all policies, procedures, curriculum, school hours, and calendars can be found in our Parent Handbook located on our school website.

Available Classes and Tuition

Two year old (2 days per week/Tues and Thurs) \$1,550/year or \$155/10 months
Must be age 2 by September 1, 2021

Three year old (3 days per week/Tues, Wed, Thurs) \$1,750/year or \$175/10 months
Must be age 3 by September 1, 2021

Four year old (4 days per week/Mon, Tues, Wed, Thur) \$1,950/year or \$195/10 months
Must be age 4 by September 1, 2021

Tuition can be paid annually or monthly. Monthly tuition is due on the first operational school day of the month. If tuition is paid late, 5 days after the first operational school day of the month, a late fee of \$10 will be charged.

Registration & Supply Fee

A non-refundable registration and supply fee of \$180 is due at the time of registration to reserve a space for the 2 year old and 3 year old classes. A non-refundable registration and supply fee of \$225 is due at the time of registration to reserve a space for the 4 year old class.

Registration Checklist

- Completed Registration Packet
- Registration Fee
- Georgia Certificate of Immunization Form 3231
- Copy of Health Insurance

All required forms and fees must be attached to this packet and submitted together. The registration packet can be dropped off at the church main office during daytime business hours or mailed. An acceptance letter will be mailed to parents/guardians once your child's packet has been processed.

Mail packets to: Flat Creek Baptist Church Weekday Preschool
 P.O. Box 37
 Fayetteville, GA 30214

Contact Information

If you have questions please contact the Weekday Preschool Director, Christina Keown, at 770-687-4327 or christinak@flatcreekbaptist.org.

Student Information

First Name: _____

Middle Name: _____

Last Name: _____

Nickname/Preferred Name: _____

Date of Birth: _____

Male or Female (Circle One)

I am registering my child for: _____ 2 Year Old Class (Tues and Thurs)
 _____ 3 Year Old Class (Tues, Wed, Thurs)
 _____ 4 Year Old Class (Mon, Tues, Wed, Thurs)

Physical Address: _____

Mailing Address (if different): _____

Please list any previous school attendance: _____

Please list all known allergies: _____

Please list all medications (please note the school does not administer medications to students):

Please list any disabilities, special needs, or other medical issues: _____

Is your child potty trained? (Circle One) Yes or No

Is there anything else you would like us to know that will help us care for your child during school hours? _____

Child's Living Arrangments (Circle One):

Both Parents

Father

Mother

Guardian or Other: _____

Mother/Guardian Name: _____

Address: _____

Preferred Phone Number During School Hours: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Father/Guardian Name: _____

Address: _____

Preferred Phone Number During School Hours: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Emergency Contacts

In the event of an emergency and the parents/guardians listed above cannot be reached, please provide a list of authorized adults who can provide medical consent and pick up the child from preschool. Contacts will be called in the order listed below:

Name: _____ Relationship to Child/Parent: _____

Address: _____

Preferred Phone Number During School Hours: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____
Email: _____
Occupation: _____
Employer: _____
Employer Address: _____
Employer Phone: _____

Name: _____ Relationship to Child/Parent: _____
Address: _____
Preferred Phone Number During School Hours: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Other Phone: _____
Email: _____
Occupation: _____
Employer: _____
Employer Address: _____
Employer Phone: _____

Name: _____ Relationship to Child/Parent: _____
Address: _____
Preferred Phone Number During School Hours: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Other Phone: _____
Email: _____
Occupation: _____
Employer: _____
Employer Address: _____
Employer Phone: _____

Authorized Child Pick-Up

I authorize that my child may be released by Flat Creek Baptist Church Weekday Preschool by the following people. Parents or guardians listed above will be considered authorized.

Name: _____ Relationship to Child/Parent: _____
Address: _____ Phone: _____

Name: _____ Relationship to Child/Parent: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child/Parent: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child/Parent: _____

Address: _____ Phone: _____

Please note that your child will ONLY be released to authorized people. Please review our pick-up policy located in the Parent Handbook.

Emergency Medical Authorization

Should my child, _____, suffer an injury or illness while in the care of Flat Creek Baptist Church Preschool and the faculty is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my child. I/We shall assume responsibility for payment for services.

I/We agree to keep Flat Creek Baptist Church Preschool informed of changes in telephone numbers or other means of communication.

Flat Creek Baptist Church Preschool agrees to keep me informed of any incidents requiring professional medical attention involving my child.

I/We authorize the preschool to use any medical facility deemed appropriate by emergency or medical personnel and any physician available at the hospital or facility.

Child's Primary Care Physician: _____

Address: _____

Phone: _____

Please list all known medical conditions: _____

Parent/Guardian Signature: _____ Date: _____

Child Photo Permission

Flat Creek Baptist Church Weekday Preschool can take and use photos of my child for advertising or social media purposes: (Circle One) Yes No

Other Information

How did you hear about Flat Creek Baptist Church Weekday Preschool? _____

Are you a member of Flat Creek Baptist Church? (Circle One) Yes No

If no, then pick from the following options:

____ We attend another church. Please tell us where _____

____ We are looking for a church home.

____ We do not have a church home.