



FLAT CREEK

BAPTIST CHURCH

WEEKDAY PRESCHOOL

Registration Packet 2022-2023 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 2022-2023 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 the Parent Handbook located on our school website.

Available Classes and Tuition

2-year-old (2 days per week/Tues and Thurs) Must be age 2 by September 1, 2022	\$1,650/year or \$165/10 months
2-year-old (3 days per week/Tues, Wed, Thurs) Must be age 2 by September 1, 2022	\$1,850/year or \$185/10 months
3-year-old (3 days per week/Tues, Wed, Thurs) Must be age 3 by September 1, 2022	\$1,850/year or \$185/10 months
3-year-old (4 days per week/Mon, Tues, Wed, Thurs) Must be age 3 by September 1, 2022	\$1,950/year or \$195/10 months
4-year-old (4 days per week/Mon, Tues, Wed, Thurs) Must be age 4 by September 1, 2022	\$2,050/year or \$205/10 months

Registration & Supply Fee

A non-refundable registration and supply fee of \$150 is due at the time of registration. The registration fee is waived for children of Flat Creek Baptist Church or Flat Creek Baptist Church Weekday Preschool employees.

Registration Checklist

- Completed Registration Packet**
- Registration Fee (\$150)**
- Georgia Certificate of Immunization Form 3231** (Returning students must provide an updated Certificate of Immunization)
- Copy of Health Insurance**
- Custody Documentation** (If Applicable)

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. Students are placed in classes on a first come/first serve basis. If your child has been placed on the wait list, you will be notified.

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 Director of Weekday Preschool, 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)
- _____ 2-Year-Old Class (Tues, Wed, Thurs)
- _____ 3-Year-Old Class (Tues, Wed, Thurs)
- _____ 3-Year-Old Class (Mon, 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: _____

Students with allergies and/or medical issues require a medical action plan. This plan will help the school to determine the best course of action should issues arise pertaining to a current medical condition. Please describe your child's medical action plan or attach it to the packet:

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? _____

Parental/Guardian Information

Child's Living Arrangements (Circle One):

Both Parents

Father

Mother

Guardian or Other: _____

If there are custody issues concerning a student, copies of court documentation must be provided at the time of registration.

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, guardians, and emergency contacts listed above will be considered authorized to pick-up a child.

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 Weekday 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. 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.

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

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 or videos 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.