

I am interested in early drop off for my child. (2 years & up only) Begins at 7:45a.m. We will only be able to offer if we have enough children to make it feasible.

First Baptist Church Weekday Preschool

2012-2013 Registration Form

100 East 4th Avenue • Rome, GA 30161 • (706) 295-1150 • mwood@fbcrome.org

Visit our website at www.fbcrome.org

PAGE 1 OF 3

Reg. Fee \$ _____
Check # _____
Date Rec. _____
Office Use Only

Please check class applying for based on child's age as of 9/01/12:

Fee Due for Enrollment is \$85.00 non-refundable registration fee.

August 2012 tuition is due in full by May 10, 2012 to secure child's position.

1st Month Tuition \$ _____
Check # _____
Date Rec. _____
Office Use Only

TODDLERS (1 year & walking): Monday/Wednesday \$170/mo OR Tuesday/Thursday \$170/mo

TWO YEAR OLDS: Monday/Wednesday \$170/mo OR Tuesday/Thursday \$170/mo

Tuesday/Wednesday/Thursday \$210/mo OR Monday through Thursday \$260/mo

THREE YEAR OLDS: Monday through Thursday \$205/mo

**ALL CLASSES ARE
9 AM - 1 PM**

PRE-K: Monday through Thursday \$205/mo

Younger Fours & Older Fours/Fives

Child's Full Name _____ Goes by _____

Date of Birth: Month _____ Day _____ Year _____ Age in months as of 9/01/12 _____ Male Female

Parents/Guardian: Please circle: Married Separated Divorced Widowed Other _____

Child resides with: Please circle: Both parents Mother Father Other (name & relation to child) _____

Mother/Guardian Name _____

Cell# _____ Home# _____ Work# _____

Address _____ City _____ State _____ Zip _____

Mom's Employer Name _____ Position _____

Mom's Email _____

Father's Name _____

Cell# _____ Home# _____ Work# _____

Address _____ City _____ State _____ Zip _____

Father's Employer Name _____ Position _____

Father's Email _____

Does child have step-parents? Names _____

List siblings/step-siblings & ages _____

Other adults living in home? _____ Relation to child? _____

EMERGENCY INFORMATION

In an emergency situation, parents will be contacted first. If you cannot be reached, we will contact those listed below.

Emergency contacts are those other than parents who can be called in case of an emergency.

Name/Relationship _____

Cell# _____ Work# _____ Home# _____

Name/Relationship _____

Cell# _____ Work# _____ Home# _____

CHILD'S DOCTOR INFORMATION

Doctor's Name _____ Phone _____

In the event a serious injury occurs requiring immediate medical attention, your child will be taken to the nearest hospital designated by 911 emergency personnel.

PEOPLE WHO ARE AUTHORIZED TO PICK UP MY CHILD The following people may pick up my child. It is understood that parents, guardians and emergency contacts are authorized to pick up. A signed note is required for additions and/or deletions to this list.
Attach paper to list additional people.

Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____

CUSTODY CONCERNS

There is a custody situation with my child. YES___ NO___
If YES, please explain. _____

The following applies to my situation:
YES___ NO___ My spouse/ex-spouse may not pick up or be a part of my child's school day.
YES___ NO___ I have court documentation supporting the above.
The Preschool requires court documentation in all custody situations. The parent who has custody is responsible for providing paperwork upon registration.

ABOUT MY CHILD

Church presently attending _____ Denomination _____
Are you a member of First Baptist Church, Rome? _____ Would you like to receive information about FBC? Yes___ No___
What contacts has child had with other children? _____
Previous school attendance: Where? _____ When? _____
Was this a positive or negative experience for your child? Please explain _____

General Health of Child _____
Physical or Medical Issues _____

Is child fully potty trained? _____ Does child need assistance? _____
Is English your child's primary spoken language? YES___ NO___ If NO, what language does child speak? _____

ALLERGY/MEDICAL INFORMATION

Does your child have allergies? YES___ NO___
If YES, please explain and inform us of all allergies in detail. Give special instructions for each allergy. _____

Does your child have a medical condition/diagnosis? YES___ NO___
If YES, please explain and inform us of any special instructions. _____

Has your child been tested for any special needs, including emotional, behavioral, speech or developmental delays? If so, please explain briefly. A copy of any assessments is requested. _____

How did you hear about our preschool? __Internet __Friend(_____) __Newspaper __Other _____

**PLEASE SIGN ON PAGE 3.
MUST BE SIGNED IN THE PRESENCE OF A NOTARY.**

**First Baptist Church Weekday Preschool
2012-2013 Parental Consent Form**

I, the undersigned parent or legal guardian, do hereby give consent for the minor named below to participate in the activities of the First Baptist Church Weekday Preschool of Rome, GA, for the 2012-2013 school year. I understand that said activities will occur both on and off of the property of the Church Weekday Preschool and will include traveling within Rome, within Floyd County, within the State of Georgia, and between states by various modes of transportation including, but not limited to, personal vehicles.

Medical Information

Insurance Company _____ Phone _____

Policy or Group Number _____

Participant Social Security # _____

Physician Name _____ Phone _____

Subscriber Name _____ Phone _____

Allergies (use back if needed) _____

Medications (use back if needed) _____

Authorization for Treatment & Release of Claims

I, the undersigned, do for myself and on behalf of my child under 18 years of age, give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself and on behalf of my child under 18 years of age hereby release from all claims and forever hold harmless the directors, employees, volunteers, and agents of First Baptist Church Weekday Preschool of Rome, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for First Baptist Church Weekday Preschool of Rome to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

I, the undersigned, attest that the information provided in the Registration Form and Parental Consent Form (pages 1-3) is true and complete.

Child's Name _____

Parent/Guardian Signature (**sign only in presence of a Notary**) _____

Print Name _____ Date Signed _____

In Presence of: _____ (NOTARY SEAL)

Notary Public for the State of GA

Commission Expires: _____