



Preschool Registration Form

First Baptist Church Sylvester
207 N. Isabella Street\*Sylvester, GA 31791
229-776-3337\*preschool@FBCSylvester.org

Child's Full Name \_\_\_\_\_ ( ) Male ( ) Female

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

E-Mail (checked most frequently) \_\_\_\_\_

Child Resides with: ( ) Both Natural Parents ( ) One Natural Parent: Father/Mother

( ) Legal Guardian(s) ( ) Foster Parents

Father/Male Guardian's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/Female Guardian's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Siblings: (Names and Ages) \_\_\_\_\_

Who is responsible for the tuition? (Name & Address) \_\_\_\_\_

Church Affiliation (optional) \_\_\_\_\_

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To ensure the safety of your child, list other individuals to whom your child may be released:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List any individuals to whom your child MAY NOT be released:

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

School Year: \_\_\_\_\_ Registering for \_\_\_\_\_ 2-year-old program \_\_\_\_\_ 3-year-old program

This form must be accompanied by: Certified Copy of Birth Certificate and

NON-REFUNDABLE \$100.00 Deposit \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_
(Initials)

Due NO LATER THAN May 1st: Current Immunization Form (DHR Form 3231)

\*\*\*\*\* (For Office Use Only) \*\*\*\*\*

Completed Application/Deposit Received on \_\_\_\_\_ at \_\_\_\_\_ Registrant # \_\_\_\_\_
(date) (time)

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Registration is open to all regardless of sex, race, color, national origin, religion, or disability. Forms are accepted on a first come basis.

## FBC Sylvester Preschool Health Record

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check any of the following that your child has had:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Meningitis \_\_\_\_\_  
Flu \_\_\_\_\_ Convulsions \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

Is there any evidence of: (Please explain.)

Hearing loss or difficulties? \_\_\_\_\_

Vision loss or difficulties? \_\_\_\_\_

Speech difficulties? \_\_\_\_\_

Breathing difficulties? \_\_\_\_\_

Physical difficulties? \_\_\_\_\_

Developmental disabilities? \_\_\_\_\_

Mental health disorders? \_\_\_\_\_

Does your child have any other medical conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please specify \_\_\_\_\_

Are all immunizations up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "no," indicate reason \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Parental Permissions

I give permission for my child, \_\_\_\_\_, to attend field trips with FBC preschool during the \_\_\_\_\_ school year. Additional information and transportation plans will be included in a permission form sent home before each trip.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to be photographed and/or filmed for

Social Media (Facebook, website use)  Yes  No

Photographs to be used on-site (newsletters and in the classroom)  Yes  No

Recordings (video recordings of any kind)  Yes  No

No names will be associated with images or recordings.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FBC Sylvester Preschool  
Emergency Medical Authorization**

Child's Full Name \_\_\_\_\_ ( ) Male ( ) Female

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Father/Male Guardian's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/Female Guardian's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

If parent/guardian cannot be contacted, list the name of the person authorized to act for parent/guardian in case of emergency: (Must be in Sylvester):

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Information**

Medical Allergies (i.e. Penicillin): \_\_\_\_\_

Food Allergies (i.e. peanut butter): \_\_\_\_\_

Environmental Allergies (i.e. bee stings): \_\_\_\_\_

List type and dosage of any medication your child is currently taking: \_\_\_\_\_

**NOTE:** FBC Preschool staff will not be responsible for dispensing medications. (Exception: EpiPen injection or asthma treatment)

List any other special medical, diet, or significant information that a medical professional may need to know in order to treat your child properly: \_\_\_\_\_

**Statement of Permission for Medical Treatment**

I hereby release unto the director or any other duly recognized representative of the First Baptist Church Sylvester Preschool Program all authority and responsibility to transport or seek transportation to the nearest hospital **and** to authorize any and all medical treatment necessary for the health and well-being of the child named above. This Statement shall authorize any and all medical treatment by licensed medical personnel, pursuant to the express authorization, whether written or oral, of the above mentioned representatives.

I will assume full responsibility for all charges that may be incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signed in the presence of \_\_\_\_\_, Notary Public

My commission expires on \_\_\_\_\_

**FBC Sylvester Preschool  
Enrollment/Tuition/Fees Agreement**

It is my understanding that my child, \_\_\_\_\_, is enrolled in the First Baptist Church Sylvester Preschool Program. Monthly tuition of \$150.00 is due on the first day of the school year and every 30 days thereafter until the end of the school year. If monthly tuition is not paid by the tenth day after the due date, a \$10.00 late fee will be assessed. There is a \$100.00 non-refundable registration fee that is due when the registration forms are submitted for enrollment.

No refunds will be given for withdrawal from the preschool prior to the end of the month or for days missed due to family vacations, illness, weather-related closings, or preschool breaks.

If serious difficulties should arise beyond the control of teachers or parents, which hinder the child from adapting to the classroom environment, FBC Preschool is willing that he/she be withdrawn with a refund given for the balance of the tuition for the month.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FBC Sylvester Preschool  
Statement Regarding Licensure**

The Georgia Department of Early Care and Learning does not require licensure for nursery schools, playschools, kindergartens or other educational programs for children two (2) years through six (6) years of age which operate for no more than four (4) consecutive hours per day. Because of this exemption, First Baptist Church Preschool is not licensed.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FBC Sylvester Preschool  
Statement Regarding Liability**

First Baptist Church Sylvester carries liability insurance and a child accident policy.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_