

**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 \_\_\_\_\_

Registering for \_\_\_\_\_ School Year \_\_\_\_\_ 2s class \_\_\_\_\_ 3s class \_\_\_\_\_ 4s class

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

This form must be accompanied by:

Certificate of Immunization (DHR Form 3231) \_\_\_\_\_ Certified Copy of Birth Certificate \_\_\_\_\_

NON-REFUNDABLE \$100.00 Registration Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check; Check # \_\_\_\_\_

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

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Registrant # \_\_\_\_\_

*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? \_\_\_\_\_

Behavior issues? \_\_\_\_\_

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

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

Developmental delays? \_\_\_\_\_

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 (FB public page, website)  Yes  No (No names will be associated with images)

Facebook private page, newsletters, bulletin boards, classroom  Yes  No

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 to 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 tuition of \$175 is due and payable at registration and on the first school day Monday of each subsequent month. If monthly tuition is not paid by the tenth of the month, 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. No refund will be given for the balance of the tuition for the month of disenrollment.

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 \_\_\_\_\_