



2021
SUMMER PLAYCATION
REGISTRATION FORM
FBCD PRESCHOOL
 2908 Hwy 120 Duluth GA 30096
 770-476-3780

<i>2021 Playcation -- For Office Use Only</i>	
Reg Date _____	Class Placement _____
Tuition Fee Amount _____	Check # _____
CCB _____	Constant Contact _____

June 8- July 29, 2021

Child's Full Name _____ Date of Birth _____

Prefers to be Called _____ Gender: Male ___ Female ___

Preferred E-Mail Address (PRINT legibly) _____

Preferred Phone (will call first) _____

Father's/Guardian's (circle one) Name _____

Occupation/Employer _____ Cell Phone _____

Mother's/Guardian's (circle one) Name _____

Occupation/Employer _____ Cell Phone _____

Address _____

City _____ Zip Code _____ Home Phone _____

Parent's Marital Status _____ Do both parents have custody rights? _____
 If No, who has custody? _____

Do you have a church home? _____ Denomination/Religion _____

Church Name: _____

Cultural Background: _____ Language Spoken in Home: _____

Limited Space Available-Registration closes 5-20-21

* Please note that students in the 3, 4, & 5 year old classes MUST be toilet trained.

Choice	Class	Date of Birth	Day(s) Offered	Registration Fee (Due at registration)	Monthly Tuition (Due at registration)
	Lambs	8-31-2018 to 6-1-2020	Tues, Wed	\$15	\$185
			Tues, Wed, Th	\$15	\$240
	Bees	9-1-2016 to 9-1-2018	Tue, Wed, Th	\$15	\$240

Registration Fees are NOT refundable.

REGISTRATION FORM FOR FBCD PRESCHOOL PLAYCATION

Emergency Contact List

Please provide the names of two people (relatives or friends) that we may contact in the event of an emergency and the parents/guardians cannot be reached:

1. Name _____
Address _____
Phone _____ Relation to Child _____
2. Name _____
Address _____
Phone _____ Relation to Child _____

Waiver of Liability

It is mutually agreed that in the event of accident or illness of my child while in the care of FBCD Weekday Preschool, the staff shall use its' best efforts to contact the parents. In the event a parent is not immediately available, however, the staff is authorized to secure such medical care as the situation may reasonably warrant. It is agreed that where the school has acted in good faith to comply with an accident or illness of the child, any and all liability as might exist is expressly waived by the parents.

Parent
Initials

Authorization to Consent to Treatment for Minor Child

I, _____ of _____, GA do hereby state that I am the natural parent
Parent or Guardian Name City in which you live

Parent
Initials

having legal custody of _____, who resides with me at _____.
Your child's Name Your Street Address

I authorize my child's teacher, the Director or Associate Director of FBCD Weekday Preschool, Duluth, GA, to consent to X-Ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care to be rendered to the minor under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent are unsuccessful. This authorization applies only during the hours my child is attending FBCD Weekday Preschool.

Insurance Co. & Policy/Group Number Hospital Preference

Child's Doctor and Phone number Please list allergies, physical or medical conditions, and/or fears / anxieties.

Please list siblings and their ages

Photography Consent

You have my permission to photograph my child during school activities and use it for school promotional resources. Yes _____ No _____

By signing below, I hereby acknowledge my understanding and agreement.

Parent or Guardian

Date

July 29, 2021
Exp. Date