**2024-2025**

**REGISTRATION FORM**

**FBCD WEEKDAY PRESCHOOL**

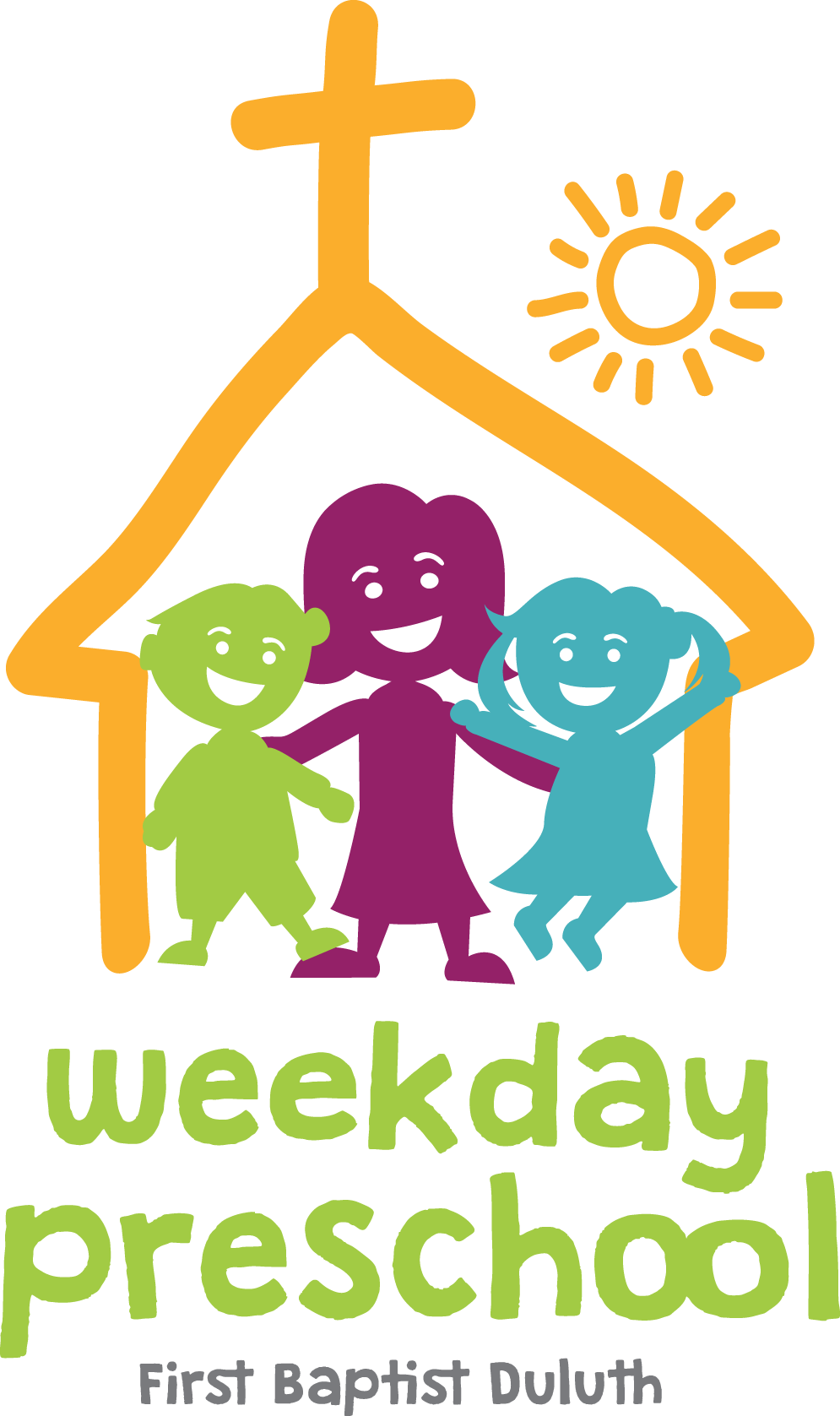
2908 Hwy 120

PO Box 2440

Duluth GA 30096

770-476-3780

[weekday@duluthbaptist.org](mailto:weekday@duluthbaptist.org)



*2024 – 2025 For Office Use Only*

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

Reg Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Placement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg Fee Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age as of 9/1/2023:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please note that students in the 3 yr old & up classes MUST be toilet trained.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1st**  **Choice** | **Class**  **\*Age as of 9-1-2024** | **Day(s) Offered**  **Circle Choice** | **Registration Fee**  **(Due at registration)** | **Supply/**  **Activity Fee**  **(Due w/ Reg)** | **Monthly Tuition** |
|  | MDO 12 - 24 mos. Old - 1 day | Wed | $195 | $55 | $130 |
|  | MDO 18 - 24 mos. Old - 2 days | M,T | $195 | $65 | $200 |
|  | MDO 24 mos. Old - 3 days | M-W | $195 | $65 | $265 |
|  |  |  |  |  |  |
|  | 2 yr. old - 2 days | Th, F | $195 | $75 | $200 |
|  | 2 yr. old - 3 days | M - W | $195 | $75 | $265 |
|  | 2 yr. old - 5days | M - F | $195 | $75 | $385 |
|  |  |  |  |  |  |
|  | 3 yr. old - 4 days | T-F | $195 | $95 | $285 |
|  | 3 yr. old - 5 days | M -F | $195 | $95 | $335 |
|  |  |  |  |  |  |
|  | 4 yr. old - 5 days | M - F | $195 | $95 | $335 |

***Registration fees are NOT refundable.***

***A current immunization form must be provided when school begins in September.***

May’s tuition is due Sept 5, 2024 and will be applied as the last month’s tuition (May 2025).

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

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Agreement**

\_\_\_\_\_\_

Parent

Initials

I wish to enroll my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at FBCD Weekday Preschool for the 2024 – 2025 school

year. I am enclosing the required registration fee of $\_\_\_\_\_\_. I understand the registration fee is ***non-refundable*** and does not apply

to any month’s tuition. I also agree to make nine tuition payments of $\_\_\_\_\_\_ by the 1st day of the month. May & Sept. tuition are

due in September. If the monthly tuition is not received by the 10th of the month, I will be charged a ***$25 late fee***. ***I understand if I***

***withdraw my child, 30 days’ notice is required***. I understand I will be charged a late fee if I am late picking up my child. I also understand I

will be responsible for paying the bank charges for any returned checks.

\_\_\_\_\_\_

Parent

Initials

**Waiver of Liability**

It is 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’ 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

having legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who resides with me at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

**Photography Consent**

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

**Class Directory Consent**

You have my permission to release my address and phone number for a class directory. Yes\_\_\_\_\_ No\_\_\_\_\_\_

**By signing below, I hereby acknowledge my understanding and agreement to this form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_May 17, 2025\_\_\_**

**Parent or Guardian Date Exp. Date**

2908 Duluth Highway 120 • PO Box 2440 • Duluth Georgia 30096 • 770-476-3780 •

[weekday@duluthbaptist.org](mailto:weekday@duluthbaptist.org) • www.duluthbaptistpreschool.org •