**2024-2025 RETURNING STUDENT  
\*This form will be accepted beginning Thursday, February 10th**

**IN HOUSE REGISTRATION FORM FBCD WEEKDAY PRESCHOOL**

2908 Hwy 120

PO Box 2440

Duluth GA 30096

770-476-3780

Weekday@DuluthBaptist.org

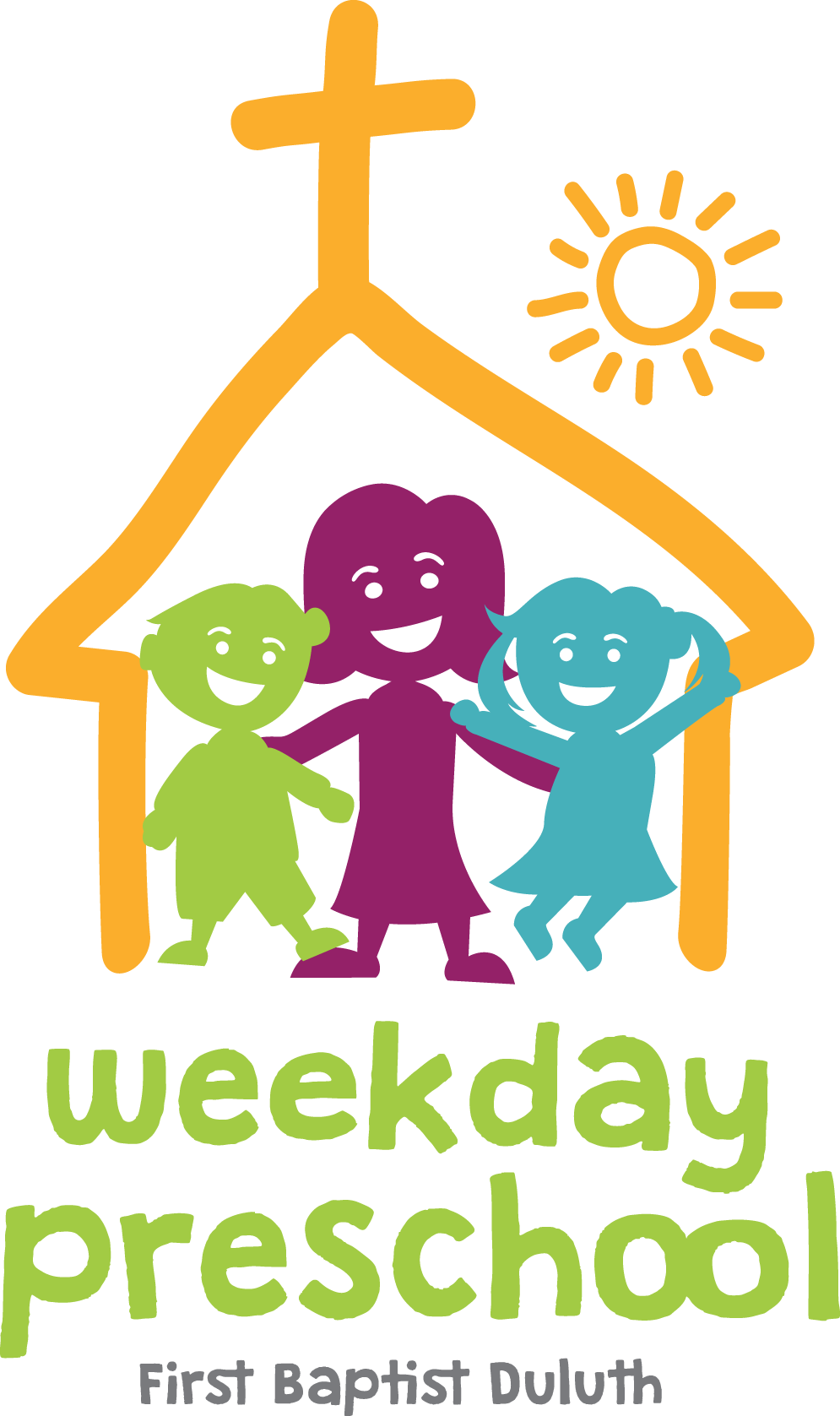
*2024 – 2025 For Office Use Only \_\_\_\_\_\_\_\_\_\_*

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

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

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

Age as of 9/1/23:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents’ OR Guardians’ Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Phone (will call first)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ NEW PHONE NUMBER? Yes \_\_\_ No\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_ NEW ADDRESS? Yes \_\_\_ No\_\_\_**

**Preferred E-Mail Address (PRINT legibly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW E-MAIL ADDRESS? Yes\_\_\_ No\_\_\_**

**Supply/**

Please mark your 1st and 2nd choice **Registration Fee** A**ctivity Fee May ‘24 Tuition**

**MDO 12 & 18 months old (as of September 1, 2024) (Due w/ Reg) (Due 9/6)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 Day 12 - 24 mo. Old 9:00 – 1:00  Wednesday |  | $195.00 | $55.00 | $130.00 |
|  | 2 Day 18 - 24 mo. Old 9:00 - 1:00  Mon and Tues |  | $195.00 | $65.00 | $200.00 |
|  | *3 Days* 24 mo. Old 9:00 – 1:00 |  | $195.00 | $65.00 | $265.00 |

\* We must have at least 3 children registered in a MDO class before we will begin class.

**2 year olds (as of September 1, 2024)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2 Day Thursday and Friday 9:00 – 1:00 |  | $195.00 | $75.00 | $200.00 |
|  | 3 Day Mon - Wed 9:00 – 1:00 |  | $195.00 | $75.00 | $265.00 |
|  | 5 Day Mon – Friday 9:00 – 1:00 |  | $195.00 | $75.00 | $385.00 |

**3 year olds (as of September 1, 2024) *Note: 3’s and up must be toilet trained***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 4 Day Tues – Fri 9:00 – 1:00 |  | $195.00 | $95.00 | $285.00 |
|  | 5 Day Mon – Fri 9:00 – 1:00 |  | $195.00 | $95.00 | $335.00 |

**4 year olds (as of September 1, 2024)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 Day Monday – Friday 9:00 – 1:00 |  | $195.00 | $95.00 | $335.00 |

Classes are filled on a first come first served basis. If your first choice for class placement of your child is not available, you will receive a phone call from the office.

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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.

**Waiver of Liability**

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

Parent

Initials

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.

**Authorization to Consent to Treatment for Minor Child**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GA do hereby state that I am the natural

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

Parent

Initials

Parent or Guardian name city in which you live

parent having legal custody of

I authorize m\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who resides with me at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

child’s name your street address

y child’s teacher, the Director or Interim Office Administrator 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 •