**2024**

**SUMMER PLAYCATION REGISTRATION FORM**

 **FBCD PRESCHOOL**

2908 Hwy 120, PO Box 4220

Duluth GA 30096

 770-476-3780

**June 4 - July 24, 2024**

*2024 Playcation -- For Office Use Only*

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

Tuition Fee Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constant Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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 5-25-24

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Choice** | **Class** | **Day(s) Offered** | **Registration Fee****(Due at registration)** | **Supply/Activity Fee****(Due w/ Reg)** | **Monthly Tuition****(Due at** **registration)** |
|  | Lambs MDO  | Tues, Wed, Th | $50 | $30 | $260 |
|  |  | Tues, Wed | $50 | $30 | $200 |
|  |  |  |  |  |  |
|  | Bunnies 2s  | Tues, Wed, Th | $50 | $30 | $260 |
|  |  |  |  |  |  |
|  | Bees 3s  |  Tue, Wed, Th | $50 | $30 | $260 |
|  |  |  |  |  |  |
|  | Owls 4s  | Tues, Wed, Th | $50 | $30 | $260 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

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

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

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

**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

 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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ July 24, 2024\_\_\_**

**Parent or Guardian Date Exp. Date**

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

weekday@duluthbaptist.org • www.duluthbaptistpreschool.org •