



**2025-2026 RETURNING STUDENT**  
*\*This form will be accepted beginning Monday, February 10th*  
**IN HOUSE REGISTRATION FORM**  
**FBCD WEEKDAY PRESCHOOL**  
 2908 Hwy 120  
 PO Box 2440  
 Duluth GA 30096  
 770-476-3780  
 Weekday@DuluthBaptist.org

2025 – 2026 For Office Use Only _____	
Reg Date _____	Class Placement _____
Reg Fee Amount _____	
Activity Fee _____	
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 \_\_\_\_

Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choice

**MDO 12 & 18 months old (as of September 1, 2025)**

			Registration Fee	Supply/ Activity Fee (Due w/ Reg)	May '25 Tuition (Due 9/2)
	1 Day 12 - 24 mo. Old Wednesday	9:00 – 1:00	\$195.00	\$55.00	\$155.00
	2 Day 18 - 24 mo. Old Mon and Tues	9:00 - 1:00	\$195.00	\$65.00	\$225.00
	3 Days 24 mo. Old	9:00 – 1:00	\$195.00	\$65.00	\$295.00

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

**2-year-olds (as of September 1, 2025)**

	2 Day Thursday and Friday	9:00 – 1:00	\$195.00	\$75.00	\$225.00
	3 Day Mon - Wed	9:00 – 1:00	\$195.00	\$75.00	\$295.00
	5 Day Mon – Friday	9:00 – 1:00	\$195.00	\$75.00	\$415.00

**3-year-olds (as of September 1, 2025) NOTE: 3'S AND UP MUST BE TOILET TRAINED**

	4 Day Tues – Fri	9:00 – 1:00	\$195.00	\$95.00	\$345.00
	5 Day Mon – Fri	9:00 – 1:00	\$195.00	\$95.00	\$415.00

**4-year-olds (as of September 1, 2025)**

	5 Day Monday – Friday	9:00 – 1:00	\$195.00	\$95.00	\$415.00
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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 2, 2025, and will be applied as the last month's tuition (May 2026)

## 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 \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

## Parent Agreement

I wish to enroll my child, \_\_\_\_\_ at FBCD Weekday Preschool for the 2025 – 2026 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 is due in September. If the monthly tuition is not received by the 10<sup>th</sup> 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

It is mutually agreed that in the event of an 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

having legal custody of \_\_\_\_\_, who resides with me at \_\_\_\_\_.  
child's name your street address

I authorize my 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.

Parent or Guardian

Date

May 15, 2026  
Exp. Date