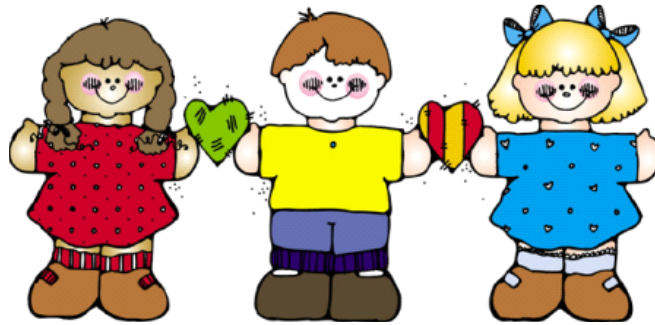


Child's Name _____

2018-2019 Class _____



First Baptist Church Weekday Education Enrollment Registration 2018-2019

106 West Taylor Street
Griffin, GA 30223
(770) 228-7880
www.fbcgriffin.org
Email: weekday@fbcgriffin.org

Mrs. Diane Lamb, Weekday Director
Dr. Bill Hardee, Pastor

Notice of Nondiscriminatory Policy As To Students: First Baptist Church Weekday Education admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and admissions policies.

Classes: (circle one)

NOTE: Children are placed in classes according to their age as of September 1.

2 day Wee 1s
(12 mos. as of 9/1/18)
Days: M, W

2 day 1s
(18 mos. as of 9/1/18)
Days: T, TH

2 day 2s
Days: T, TH

3 day 2s
Days: M, W, F

5 day 2s
Days: M—F

3 day 3s
Days: M, W, F

5 day 3s
Days: M—F

Pre-K
Days: M—F

Kindergarten
Days: M—F

Child's Name _____
First Middle Last

Name child goes by _____ Gender: Male Female Birth date ____/____/____

Address _____

City _____ State Georgia Zip _____

Parent Email Address _____ Home Phone _____

Parent/Guardian Information

Father's Name _____ Cell Phone _____

Place of Employment _____ Occupation _____

Business Phone _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Occupation _____

Business Phone _____

Information about Your Child

Names and Ages of Siblings _____

Child lives with _____

Child's favorite activities _____

Pets _____ Is Child Left- or Right-Handed? Left Right Unknown

Photograph Authorization

Pictures of my child may be taken by Weekday staff members for:

- Use within FBC Weekday in class projects and the school yearbook YES ____ NO ____
- Use on FBC Weekday website and Facebook page — pictures but no names YES ____ NO ____
- Use outside FBC Weekday in local newspaper — pictures but no names YES ____ NO ____

Parent's Initials _____

Emergency Authorization

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Name _____ Relationship: _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Medical Contact

Doctor _____ Phone (____) _____

Hospital _____ Phone (____) _____

Medical Information

Does the child have any allergies to foods and/or medications? ____ Yes ____ No

List _____

Are there any medical/mental/emotional problems or any special procedures required for the care of your child? If so, please explain. _____

Release Authorizations — Other than parents/guardians, who is authorized to transport your child?

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Church Affiliation

Religious Affiliation _____ Church you attend _____

Would you like more information about First Baptist Church? Yes No

Agreement

First Baptist Weekday Education agrees to provide care from August 6 — May 22, and will follow the Griffin-Spalding County Schools calendar for holidays, with the exception of any extra days taken by Weekday. (Please check the Weekday calendar.)

Please read and initial each item.

_____ There is a **registration fee of \$120** for all classes. The fee for each additional child is **\$60**. This fee is non-refundable and does not apply toward any monthly tuition. **Pre-K has a curriculum fee of \$50. Kindergarten has a curriculum fee of \$100.**

_____ **For your benefit, the annual tuition fee is divided into ten equal payments.** Fees are due and payable on the first day of each month beginning in August and ending in May. Payments are late after the 10th of the month and a late fee of \$10 will be added to that month's tuition.

****IF TUITION IS MORE THAN 2 MONTHS PAST DUE, YOUR CHILD WILL HAVE TO LEAVE THE PROGRAM.**

Tuition fees are:

<u>Classes</u>	<u>Annual Tuition</u>	<u>Monthly Payment</u>
Wee 1s (2 day—M, W)	\$1400	\$ 140 per month
1 Year Old (2 day—T, TH)	\$1400	\$ 140 per month
2 Year Old (2 day—T, TH)	\$1400	\$ 140 per month
2 Year Old (3 day — M, W, F)	\$1550	\$ 155 per month
2 Year Old (5 day)	\$1850	\$ 185 per month
3 Year Old (3 day — M, W, F)	\$1550	\$ 155 per month
3 Year Old (5 day)	\$1850	\$ 185 per month
Pre-K (5 day)	\$1850	\$ 185 per month
Kindergarten (5 day)	\$1950	\$ 195 per month

All fees are subject to change. A 10% discount on the tuition fee is allowed when there is more than one child from the same family.

_____ I acknowledge that my child must have a current immunization record on file and can not be admitted without this form.

_____ I hereby authorize First Baptist Church Weekday Education to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of emergency requiring a trip to the emergency room, my child will be transported to Spalding Regional Medical Center.

_____ I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

_____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Registration Fee:	Date _____	Amount _____	Cash _____	Check # _____
	Date _____	Amount _____	Cash _____	Check # _____
Curriculum Fee:	Date _____	Amount _____	Cash _____	Check # _____
Tuition:	Date _____	Amount _____	Cash _____	Check # _____