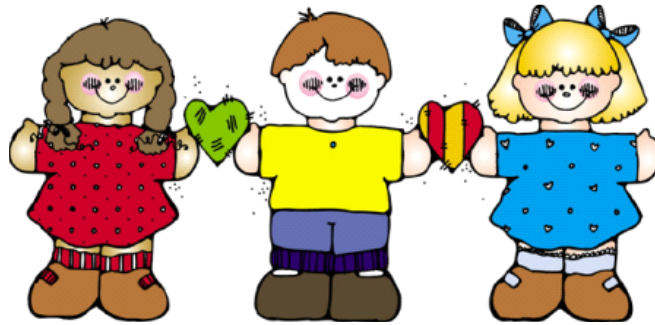


Child's Name \_\_\_\_\_

2019-2020 Class \_\_\_\_\_



# First Baptist Church Weekday Education Enrollment Registration 2019-2020

106 West Taylor Street  
Griffin, GA 30223  
(770) 228-7880  
[www.fbcgriffin.org](http://www.fbcgriffin.org)  
Email: [weekday@fbcgriffin.org](mailto: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 1s**  
Days: T, TH

**2 day 2s**  
Days: T, TH

**3 day 3s**  
Days: M, W, F

**Pre-K**  
Days: M—F

**3 day 2s**  
Days: M, W, F

**5 day 3s**  
Days: M—F

**Kindergarten**  
Days: M—F

**5 day 2s**  
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 5 — May 20, 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 10<sup>th</sup> 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)	\$ 1500	\$ 150 per month
1 Year Old (2 day—T, TH)	\$ 1500	\$ 150 per month
2 Year Old (2 day—T, TH)	\$ 1500	\$ 150 per month
2 Year Old (3 day — M, W, F)	\$ 1650	\$ 165 per month
2 Year Old (5 day)	\$ 1950	\$ 195 per month
3 Year Old (3 day — M, W, F)	\$ 1650	\$ 165 per month
3 Year Old (5 day)	\$ 1950	\$ 195 per month
Pre-K (5 day)	\$ 1950	\$ 195 per month
Kindergarten (5 day)	\$ 2050	\$ 205 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**

<b>Registration Fee:</b>	<b>Date</b> _____	<b>Amount</b> _____	<b>Cash</b> _____	<b>Check #</b> _____
	<b>Date</b> _____	<b>Amount</b> _____	<b>Cash</b> _____	<b>Check #</b> _____
<b>Curriculum Fee:</b>	<b>Date</b> _____	<b>Amount</b> _____	<b>Cash</b> _____	<b>Check #</b> _____
<b>Tuition:</b>	<b>Date</b> _____	<b>Amount</b> _____	<b>Cash</b> _____	<b>Check #</b> _____