

Child's Name _____

(Preschool use only) _____



First Baptist Preschool Weekday Education Enrollment Application 2012 -2013

246 Washington Street
Jefferson, GA. 30549
(706)367-5226
www.fbejefferson.org

Miss Kendra Abee,
Weekday Preschool Director/
Director of Early Childhood Education

Release of Child

I authorize that my child, _____, be released by First Baptist Preschool Weekday Education Program to the following persons (other than parents) below.

Parent Signature

Release Authorizations - (other than parents/guardians, who is authorized to transport your child)

Name _____ Relationship to Child _____

Phone Number (____) _____ Cell Phone (____) _____

Name _____ Relationship to Child _____

Phone Number (____) _____ Cell Phone (____) _____

Name _____ Relationship to Child _____

Phone Number (____) _____ Cell Phone (____) _____

Emergency Authorization

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

Name _____ Work Phone (____) _____

Home Phone (____) _____ Cell Phone (____) _____

Emergency Medical Contact:

Doctor _____ Address _____

Phone Number (____) _____ Hospital _____

Special Instructions _____

Medical Information:

Does your 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

Information about your child:

Names and Ages of siblings

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Favorite activities: _____

Pets: _____

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

Church Affiliation:

Religious Affiliation _____ Church Membership at _____

How did you find out about our program?

(Please initial)

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

_____ Tuition is due on the 10th of each month. A late fee of \$5.00 will be added after the 10th. A \$20.00 fee will be charged for all returned checks.

Office use only

Registration Fee Paid _____ Ck# _____ Enrollment Date _____ # _____

Withdrawal Date _____ Immunization Form _____