

(Preschool use only) \_\_\_\_\_

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



FIRST BAPTIST JEFFERSON  
**PRESCHOOL**

# **Weekday School Enrollment Packet 2023-2024**

246 Washington Street  
Jefferson, GA 30549  
(706)367-5226  
[www.fbcjefferson.org](http://www.fbcjefferson.org)  
[preschool@fbcjefferson.org](mailto:preschool@fbcjefferson.org)

(Preschool use only) \_\_\_\_\_



**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 (\_\_\_\_) \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Medical Contact:**

Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Hospital \_\_\_\_\_

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**Medical Information:**

Does your child have any allergies to foods/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:**

Does/has your student received any of the following services? Ex. Speech therapy, play therapy, counseling, etc. If so, please indicate below.

\_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)?      Yes \_\_\_      No \_\_\_

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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?

\_\_\_\_\_

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**(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 10<sup>th</sup> of each month. A late fee of \$10.00 will be added after the 10th. A \$20.00 fee will be charged for all returned checks.

\_\_\_\_\_ Children 3 years and older must be potty trained by the first day of school.

\*FBC Preschool's definition of "Potty Trained" means the student can do the following tasks independently: identify the need to go to the bathroom, pull clothes on and off, get on and off the toilet, wipe themselves. Please see the "Bathroom Policy" posted on-line or ask for a copy.

**Office Use Only**

Enrollment Date \_\_\_/\_\_\_/\_\_\_      Immunization Form \_\_\_/\_\_\_/\_\_\_      Birth Certificate \_\_\_/\_\_\_/\_\_\_

Registration Fee Paid \$\_\_\_\_\_ Cash / Check / CC

Activity Fee Paid 1<sup>st</sup> Semester \$\_\_\_\_\_ Cash / Check / CC

Activity Fee Paid 2<sup>nd</sup> Semester \$\_\_\_\_\_ Cash / Check / CC

Withdrawal Date \_\_\_/\_\_\_/\_\_\_

**Notice of Exemption**

I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed childcare 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date