Registration Fees: (Non-refundable)		Monthly Tuition Fees:
$150.00 / 2-Year & 3-Year Classes		$225.00 / 3-Day Classes (M-W-F)
$200.00 / Pre-K		$250.00 / 5-Day Classes
$250.00 / Kindergarten		$300.00 / Kindergarten

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

Classes Offered: (Check one below)

3-day Classes (M-W-F): _____ 2-year Old ____3-year Old

5-day Classes: _____ 2-year Old _____3-year Old ____Pre-K _____Kindergarten

Child's Name: _____
First Middle Last

Name child goes by: _____ Gender: M or F DOB: _____

Address: _____

City: _____ State: GA Zip: _____

Parent Email: _____ Phone: _____

Parent/Guardian Information

Father's Name: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Business Phone: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Business Phone: _____

Information About Your Child

Names & Ages of Siblings: _____

Child lives with: _____

Child's favorite activities: _____

Is Child Left or Right-Handed? ____Left ____Right ____Unknown

Photograph Authorization (please circle Y or N)

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

- Use within FBCZ Weekday in class projects and the school yearbook **Y or N**
- Use on FBCZ Weekday Facebook page - pictures but **no** names **Y or N**
- Use outside FBCZ Weekday in local newspaper - pictures but **no** names **Y or N**

Parent's Initials _____

Methods of payment accepted: Cash, Check, or Debit/Credit Card

***Credit/Debit cards can only be accepted via our online platform**

Emergency Authorization:

In case of an emergency, who is the first point of contact?

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Medical Contact:

Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Medical Information

Allergies? **Y or N** If yes, please 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

Please list anyone other than parents who are authorized to pick up/transport your child?

Name: _____ Relationship: _____

Best daytime phone number: _____

Name: _____ Relationship: _____

Best daytime phone number: _____

Church Affiliation:

Religious Affiliation: _____

Church you attend: _____

Would you like more information about First Baptist? **Y or N**

Other Acknowledgements

- Tuition is due on the 1st with a grace period ending on the 10th.
- Tuition received after the 10th will be assessed a $25 late fee.
- Since we are solely a tuition funded program, two payments in arrears will result in your child being withdrawn from the program.

Signature of Parent: _____