

Non-Refundable Registration Fee _____ Check # _____ Taken By: _____ Date: _____

FAYETTEVILLE FIRST BAPTIST CHURCH
WEEKDAY EDUCATION PROGRAM
PRESCHOOL AND KINDERGARTEN
REGISTRATION FORM

TWO YEAR OLDS (9:00-12:00) (MUST BE 2 BY SEPT 1) Optional: Lunch Bunch 12:00-1:00 Monday-Thursday _____ Tuesday-Thursday _____	THREE YEAR OLDS (9:00-12:00) (MUST BE 3 BY SEPT 1) Optional: Lunch Bunch 12:00-1:00 Monday-Thursday _____ Tuesday-Thursday _____	FOUR YEAR OLDS (9:00-12:00) (MUST BE 4 BY SEPT 1) Optional: Lunch Bunch 12:00-1:00 Monday-Thursday _____	KINDERGARTEN (9:00-1:00) (MUST BE 5 BY SEPT 1)
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Child's Full Name _____ Sex: M ____ F ____

Date of Birth: _____ Child prefers to be called: _____

Address: _____
(street) (city) (Zip)

Home Phone: _____ Email Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Occupation: Father: _____ Mother: _____

Child Lives With: ____ Father ____ Mother ____ Both ____ Other: _____

Name and ages of Other Children Living in Home: _____

Church Attending: _____ How Often: _____

May we have permission to post your child's picture on our Facebook page? Yes ____ No ____

In Case of Emergency, list two people to contact if you are unavailable:

1. Name: _____
Relationship _____ Phone: _____

2. Name: _____
Relationship _____ Phone: _____

Who will usually drop off and pick up your child?
_____ Relationship _____

Medical Problems or Allergies? _____

**THE REGISTRATION FEE IS DUE WITH APPLICATION
STUDENTS ARE REQUIRED TO PRESENT A CURRENT IMMUNIZATION RECORD
(FORM 3231) BY THE FIRST DAY OF SCHOOL**

Release and Indemnity Agreement

I/We the undersigned parents and/or guardian(s) of the minor Participant(s) hereinafter named, hereby apply to enroll said minor Participant(s) in that educational program operated as a ministry of Weekday Education by Fayetteville First Baptist Church, Inc., a Georgia non-profit corporation (hereinafter "Church") located at 205 E. Stonewall Avenue, Fayetteville, Georgia. I/We understand, acknowledge, and assume those risks to person and property known to inhere in group activities involving children, arising both from acts of peers and from external agencies.

As parent(s) and/or guardian(s) of aforesaid, and in exercise of custodial duties with respect to Participant(s), I/We hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which may be rendered to Participant(s) under the supervision of and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel Church may engage in any exigency reasonable necessitating such attention or treatment in the sole opinion and discretion of supervisory servants, agents, or employees of Church.

In consideration of \$1.00 and other good and valuable consideration in hand paid and in consideration of Church's enrollment of Participant(s) in the aforesaid program, I/We hereby release, exonerate, and covenant not to sue Church, its successors, assigns, servants, agents, employees, and insurers with respect to any and all loss, liability, and expense of every kind and nature related to or arising out of enrollment of and participation by Participant(s) in such program. I/We expressly waive and relinquish any right I/We or either of us have or which may hereafter accrue against Church, its successors, assigns, servants, agents, employees and insurers for injuries and damages by virtue of or arising out of Participant(s) participation in the program in which Participant(s) will be enrolled.

I/We shall forever hold and save Church, its successors, assigns, insurers, servants, agents, and employees harmless and indemnify the same against all loss or expense with respect to any action, claim, or demand by any person in such person's own right or as next friend or guardian of or otherwise on behalf of Participant(s) for damages based upon the above referenced injuries and damages. This agreement to indemnify is entered into by the undersigned signatory or signatories in his, her, or their individual capacities and as guardian or representatives of Participant(s), in consideration of personal benefits to such signatory or signatories by reason of the enrollment of Participant(s) based on this application.

This Program is not a licensed program and is not required to be a licensed program by the state of Ga. Contact Bright From the Start Program with any questions at: decal.ga.gov or at 404-656-5957, or at 1-888-442-7735 Mon-Fri from 8am to 5pm (except on state holidays).

IN WITNESS WHEREOF, I/WE have thereto set my/our hand(s) seals.

I understand all fees paid at registration are NONREFUNDABLE

Dated: _____

Child's Name (Participant)

Parent/Guardian Signature