



**firstbaptist**  
HARTWELL  
*Weekday Preschool*

**2026-2027 PRESCHOOL REGISTRATION FORM**

Please select which class you are registering for:

\_\_\_\_ 2-year-old class: 2 mornings per week  
@ \$100.00/month  
(must be 2 years of age by 08/10/2026)

\_\_\_\_ 3-year-old class: 5 mornings per week Monday-Friday  
@ \$170.00/month  
(must be 3 years of age by 09/01/2026 and fully potty trained)

\_\_\_\_ 4-year-old class: 5 mornings per week Monday-Friday  
@ \$170.00/month  
(must be 4 years of age by 09/01/2026 and fully potty trained)

Child's Full Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**T-SHIRT SIZE** (please select the correct size):

\_\_\_\_ 2T \_\_\_\_ 3T \_\_\_\_ 4T \_\_\_\_ 5T \_\_\_\_ YXS \_\_\_\_ YS \_\_\_\_ YM \_\_\_\_ YL

## Dates to remember

We will follow the Hart County School System calendar – with a few exceptions. Our first day of school will be Wednesday August 12, 2027.

## Class Assignment

The children will be assigned to a teacher based on age as much as possible. If necessary, we may possibly combine 3 and 4 year olds in the same class if we find that it fits the needs of a child better. We reserve the right to make changes after the year starts if we feel it is in the best interest of the child in order to meet his/her social, physical, emotional and educational needs.

## Preschool Hours

-Regular drop off is 8:00 – 8:10.

-Are you interested in early drop-off for your child?

YES \_\_\_\_\_ NO \_\_\_\_\_

Early drop off will start at 7:30 and will require an extra fee of \$25.00/ month which must be paid to Ms. Rita Cole at the beginning of each month or \$2.00 per day for those that choose to pay daily or weekly.

-Pickup is 11:20-11:30

If a child is picked up after 11:30, the parent(s)/guardian will be charged \$5.00 for every 10 minutes they are late.

## Fees/Registration

- A non-refundable registration fee of **\$160.00** is due at the time of registration.
- The registration fee is used to hold your child's spot for the upcoming school year. (Your child is not considered enrolled until the registration fee is paid in full.)
- Tuition is due on the first day of each month.
- Late payments not received by the 10th of each month will result in a

\$10.00 late fee.

- A returned check will result in a \$25.00 fee and only cash or online payments will be accepted from that time forward.
- Online tuition payments are accepted via PayPal.

**FAMILY INFORMATION:**

Child Lives With: Both Parents (\_\_\_) Mother (\_\_\_) Father (\_\_\_) Other:\_\_\_

**Mother's Name(or legal guardian):** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address - if different from child's address: \_\_\_\_\_

\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is the best way to contact you while your child is in our care?

Check all that apply.

Home Phone:\_\_\_\_\_ Cell Phone: Call \_\_\_\_\_ Text \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's Name(or legal guardian):** \_\_\_\_\_

Address - if different from child's address: \_\_\_\_\_

\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is the best way to contact you while your child is in our care?

Check all that apply.

Home Phone:\_\_\_\_\_ Cell Phone: Call \_\_\_\_\_ Text \_\_\_\_\_ Work Phone: \_\_\_\_\_

List names and ages of other children in the home.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**CHURCH AFFILIATION:** \_\_\_\_\_

**MEDICAL INFORMATION:**

Is your child's immunizations up to date? YES \_\_\_\_\_ NO \_\_\_\_\_

Please attach an updated immunization record for your child. Your child will not be able to start preschool until this information is received.

Please list any medical allergies that your child may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any of the following? (please check all that apply)

- \_\_\_\_ Measles                      \_\_\_\_ Mumps                      \_\_\_\_ Chicken Pox  
\_\_\_\_ Flu                              \_\_\_\_ Whooping Cough                      \_\_\_\_ Meningitis  
\_\_\_\_ Seizures

Is there any evidence/concern of the following? (please check all that apply and explain below)

- \_\_\_\_ Hearing Loss/Difficulties                      \_\_\_\_ Vision Difficulties  
\_\_\_\_ Speech Disabilities                      \_\_\_\_ Physical Limitations                      \_\_\_\_ Other

explanation: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

Name and phone number of 2 Emergency Contacts, other than parents, that are local.

1. \_\_\_\_\_

2. \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

I hereby authorize First Baptist Church of Hartwell, GA 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 agree to release all liability from First Baptist Church of Hartwell, GA and its employees if my child is injured in any way during preschool hours. I understand that First Baptist Church of Hartwell, GA will not be responsible for the medical bills or any expense as a result of an accident on church property or on a field trip. I understand that First Baptist Church of Hartwell, GA will make every reasonable effort to contact me or another emergency contact that I provide.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## STUDENT INFORMATION

Is your child potty trained? (All Children must be potty trained to start the 3 year old and 4 year old classes)

Yes \_\_\_\_\_ No \_\_\_\_\_

My child is: left-handed \_\_\_\_\_ right-handed \_\_\_\_\_ unknown \_\_\_\_\_

My child is allergic to the following foods: \_\_\_\_\_

---

---

My child's favorite things/likes to: \_\_\_\_\_

My child's least favorite things: \_\_\_\_\_

My child is afraid of: \_\_\_\_\_

My child's favorite snack is: \_\_\_\_\_

Does your child sleep well at night? \_\_\_\_\_

Does your child eat breakfast? \_\_\_\_\_

Is this your child's first Preschool experience? \_\_\_\_\_

Is there any additional information that may be helpful to us? \_\_\_\_\_

---

---

**CHILD RELEASE INFORMATION:**

(Please list anyone other than you or your spouse that may pick up your child)

My child may be released to the following person(s):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ City & State: \_\_\_\_\_

\*\*Please note that your child will not be released to anyone that is not on

this list and that it is your responsibility to keep this list updated. The persons on this list may be asked to show their driver's license when they pick up your child.

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**USE OF PHOTOGRAPHS AUTHORIZATION/MEDIA RELEASE:**

\_\_\_\_ **Yes** - Pictures of my child may be taken for use within FBC (church/class bulletin boards)

\_\_\_\_ **No** - Pictures of my child **may not** be taken for use within FBC.

\_\_\_\_ **Yes** - Pictures of my child may be taken for use outside of FBC (TV, Newspaper, social media etc.).

\_\_\_\_ **No** - Pictures of my child **may not** be taken for use outside of First Baptist Church.

**ACKNOWLEDGEMENT AND AGREEMENT:**

I certify that I am the parent or legal guardian of the above minor and I agree that all the information provided in this registration is, to the best of my knowledge, true and accurate. I acknowledge that the Weekday Preschool utilizes Bible texts and Christian truth in its daily routines. I acknowledge that I agree for my child to attend special faith-based events that occur throughout the school year. I acknowledge that I have been informed that this program is 4 hours or less a day and 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 / Guardian Signature

\_\_\_\_\_  
Date

**First Baptist Hartwell Preschool**

81 East Howell Street

Hartwell, GA 30643

(706)376-3151 [weekday@fbchartwell.com](mailto:weekday@fbchartwell.com)