



Your child must be the age of the class you are registering for by September 1st, 2026.

Please check the age group you are registering for:

\_\_\_\_\_ 2 Year Old 3 day/week                      \_\_\_\_\_ 2 Year Old 5 day/week  
\_\_\_\_\_ 3 Year Old 5 day/week                      \_\_\_\_\_ 4 Year Old 5 day/week

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

Child is called \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender M F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents cell phone number: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Parents are: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Who has custody? \_\_\_\_\_

**RELEASE AUTHORIZATIONS**

The child may be released to the person(s) listed below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

What is the method of behavior control used in your home? \_\_\_\_\_

Has your child attended preschool or daycare before? \_\_\_\_\_

Does your family attend church? \_\_\_\_\_

### **HEALTH INFORMATION**

Does your child have problems with vision or hearing? \_\_\_\_\_

Does your child have any food, drug, or environmental allergies? \_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? \_\_\_\_\_

### **PHOTO AUTHORIZATION**

Pictures of my child may be taken for use within the First Baptist Church campus. Y N

Pictures of my child may be taken for use outside the First Baptist Church campus. Y N

I understand this may include church publications and other forms of media.

### **Permission for Medical Treatment**

I hereby give my permission for a qualified physician and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We the undersigned do hereby release and forever discharge all staff members or sponsors of First Baptist Church Villa Rica from any and all claims, demands, actions, or causes of action, past, present, or future arising of damage or injury while participating in preschool activities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent signature: \_\_\_\_\_.

**Non Discriminatory Policy**

First Baptist Church Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational and admissions policies. However, our facilities, equipment, staff training, and ratio numbers limits our ability to meet the needs of some students who may apply. Therefore, admittance and continuance in our program will be considered and reviewed on an individual basis by the director and the preschool committee.

**REGISTRATION AGREEMENT**

First Baptist Preschool agrees to provide care September through the middle of May. Hours are 8:30 am until 11:30 am. Parents will send a nutritious snack each day. Preschool tuition is due by noon on the 10th. Late payments will include a late fee of 10% of monthly tuition. Tuition is based on a yearly amount that is divided into equal monthly payments. I understand that May 2027 tuition is due by August 1, 2026 and is non-refundable should we choose to no longer participate in the Weekday Program.

**As a parent...**

I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all the information and authorizations pertaining to my child current and up-to-date.

I acknowledge that my child cannot be admitted until all required forms are Completed and the registration fee has been paid.

I acknowledge that I have been informed that this program is not a licensed child care 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’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(OFFICE USE ONLY) \$125 registration fee:**

**Cash** \_\_\_\_\_ **Check number** \_\_\_\_\_ **Card** \_\_\_\_\_ **Date** \_\_\_\_\_