

Registration fee paid: \$_____

Date Paid: _____

Form of Payment: _____

Fortified Hills Baptist Church

Weekday Preschool Enrollment

2010-2011

Child's Name: (First) _____ (Last) _____

Name to be called if different from first name: _____

Child's Age: _____ Age as of 9/1/10: _____ Sex: _____ Child's Birthdate: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Email Address: _____

Telephone Numbers: (Home) _____

(Mom's cell) _____ (Mom's Work) _____

(Dad's cell) _____ (Dad's Work) _____

Child lives with: ___ both parents ___ Mother ___ Father ___ Other

Parent's Relationship Status: _____ Married _____ Divorced _____ Other

If divorced a copy of the divorce decree noting guardianship, days of visitation, etc. must accompany this form.

List at least one local person who will be available to assume responsibility for your child in an emergency if parents/legal guardians cannot be reached:

Name: _____ Relationship to child: _____

Address: _____

Phone: (Home) _____ (Cell) _____

List any allergies your child may have: _____

Any Dietary restrictions: _____

Does your child have any physical, emotional or developmental problems that would require special equipment, needs or interventions? ____ Yes ____ No if yes, please explain on a separate sheet.

PROFILE

Does your child take a pacifier? _____

Is your child potty trained? ____ In process of learning? _____

List any serious fears your child may have: _____

Favorite toy? _____ Favorite books? _____

Do you supervise T.V.? _____ List child's favorite program: _____

ALL PROGRAMS ARE FROM 9:00AM - 12:00PM

Lunch Bunch is 12-1pm and \$3 per day per child paid weekly or monthly only

*** A registration fee equal to one month's tuition is due at the time of registration

*****Tuition is due by the 5th of every month.

Four-Year-Olds

Student must turn 4 by September 1, 2010

_____ 4 days per week Monday - Thursday (\$165 per month)

_____ Lunch bunch (12pm - 1pm and \$3 per day per child)

Three-Year-Olds

Student must turn 3 September 1, 2010

_____ 4 days per week: Monday -Thursday (\$145 per month)

_____ Lunch bunch (12pm - 1pm and \$3 per day per child)

Two-Year-Olds

Student must turn 2 by September 1, 2010

_____ 2 days per week: Monday/Wednesday (\$110 per month)

_____ 2 days per week: Tuesday/Thursday (\$110 per month)

_____ Lunch bunch (12pm - 1pm and \$3 per day per child)

As required by Georgia Law, we must have an up-to-date copy of your child's immunization records and a copy of your child's birth certificate on file.

EMERGENCY MEDICAL AUTHORIZATION

Name of Child's Physician: _____

Physician Phone Number: _____

Physician Address: _____

Insurance Company: _____

Name of Insured: _____

A copy of your insurance card must accompany this form

This Authorization and release for emergency medical treatment for my child:

The intent of this authorization and release is to provide emergency medical treatment of my child, a minor, arising from unforeseen emergencies and to permit medical treatment where such authorization is required by the attending medical practitioner or medical institution prior to treatment. This is done with the understanding that every attempt will have been made to contact a parent, the child's physician, and other persons listed for emergency contact. We agree to pay for all medical costs associated with providing all emergency treatment. Known allergies or other medical history which should be considered in the event emergency treatment is performed:

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN:

FATHER _____

DATE: _____

MOTHER _____

DATE: _____

GUARDIAN _____

DATE: _____

IMMUNIZATION

The State Health Department requires that we hold a copy of your child's immunization certificate. This certificate must be on file by the first day of the Weekday Education Program. You may obtain a Georgia Certified immunization form from your Pediatrician or Health Department

TUITION AGREEMENT

Please review and sign the following:

I, _____ agree to pay my child's tuition on the first
(Parent name)

of each month. If the tuition is not paid by the 5th of the month, I owe a \$15.00 late fee. If the tuition and late fee are not paid within 14 days of notification, my child will be withdrawn or replaced until restitution is made. There are no credits for absences. There is a NON-REFUNDABLE registration fee equal to one month's tuition due with this application.

I have read and agree to the above. I request for my child to attend Fortified Hills Baptist Church Weekday Education Ministry.

Parent's Signature _____ Date _____