

Child's Name _____ Teacher _____



First Baptist Church Weekday Education Enrollment Registration 2010-2011

106 West Taylor Street
Griffin, GA 30224
(770) 228-7880
www.fbcgriffin.org

Mrs. Diane Lamb, Weekday Director
Dr. Bill Hardee, Pastor
Mrs. Denel James, Children's Minister

Notice of Nondiscriminatory Policy As To Students: First Baptist Church Weekday Education Program 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 and ethnic origin in administration of its educational policies and admissions policies.

Programs: (circle one)

2 day 2s

3 day 3s

5 day 3s

Pre-K

Kindergarten

Child's Name _____
First Middle Last

Name child goes by _____ Gender: Male Female Birth date ____/____/____

Address _____

City _____ State Georgia Zip _____

Email Address _____ Home Phone _____

Parent/Guardian Information

Father's Name _____ Place of Employment _____

Occupation _____ Business Phone (____) _____

Cell Phone (____) _____ Pager/Beeper (____) _____

Mother's Name _____ Place of Employment _____

Occupation _____ Business Phone (____) _____

Cell Phone (____) _____ Pager/Beeper (____) _____

Information about Your Child

Names and Ages of Siblings _____

Child lives with _____

Child's favorite activities _____

Pets _____

Is Child Left- or Right-Handed? Left Right Unknown

Photograph Authorization

Pictures of my child may be taken for:

- Use within FBC Weekday, including class projects and the school yearbook. YES ____ NO ____
- Use outside FBC Weekday, including FBC church publications and other forms of media. YES ____ NO ____
- Use on First Baptist Church and FBC Weekday websites. YES ____ NO ____

Emergency Authorization

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Name _____ Relationship: _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Medical Contact

Doctor _____ Address _____

Phone (____) _____

Hospital _____ Address _____

Phone (____) _____

Medical Information

Does child have any allergies to foods and/or medications? ____ Yes ____ No

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 — Other than parents/guardians, who is authorized to transport your child?

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Church Affiliation

Religious Affiliation _____ Church you attend _____

Would you like more information about First Baptist Church? Yes No

Agreement

First Baptist Weekday Program agrees to provide care from September—May, and will follow the Griffin-Spalding County Schools calendar for holidays, **with the exception of any extra days taken by Weekday. (Please check the Weekday calendar.)**

(Please initial)

_____ There is a registration fee of **\$100.00** for all classes. The fee for each additional child is **\$50.00**. I understand that this fee is non-refundable and does not apply toward any monthly tuition. **Kindergarten has a book fee of \$100.00.** Fees may be subject to change.

_____ For your benefit, the yearly tuition is prorated over a nine-month period. The fees are due and payable on the first day of each month beginning September 1 and ending May 1. Payments are late after the 15th of the month and a late fee of \$20.00 is charged after this date.

****If tuition is more than 2 months past due, your child will have to leave the program.**

Tuition fees are:

<u>Classes</u>	<u>Yearly Tuition</u>	<u>Monthly Payment</u>
2 Year class (2 day)	\$ 990	\$ 110 per month
3 Year class (3 day)	\$1080	\$ 120 per month
3 Year class (5 day)	\$1350	\$ 150 per month
Pre—K class (5 day)	\$1350	\$ 150 per month
Kindergarten (5 day)	\$1440	\$ 160 per month

All fees are subject to change. A 10% discount on the tuition fee is allowed for each additional child when there is more than one child from the same family.

_____ I acknowledge that my child must have a current immunization record on file and can not be admitted without this form.

_____ I hereby authorize First Baptist Church Weekday Education 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 understand that in case of emergency requiring a trip to the emergency room, my child will be transported to Spalding Regional Medical Center.

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

Parent/Guardian Signature

Date

OFFICE USE ONLY

Registration Fee Paid _____ **Tuition Paid** _____ **Book Fee Paid** _____

Enrollment Date _____ **Withdrawal Date** _____ **Check #** _____