



# **FIRST BAPTIST** **PRESCHOOL**

Enrollment Packet

2024-2025

475 East Tugalo Street  
Toccoa, GA. 30577

[www.fbctoccoa.org/preschool](http://www.fbctoccoa.org/preschool)

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## **Welcome to First Baptist Preschool Registration Information**

**Enrollment Fee and Documents required:** Registration fee is \$80.00 for the 1, 2 and 3- year old classes. The registration fee for PreK is \$100.00 (this includes a \$25.00 fee for graduation cap and gown). This a one-time, nonrefundable fee. A copy of the birth certificate and immunization records are required at registration. **Enrollment is open to preschool and church families in February. On March 1, enrollment will be open to the public. Class enrollment is on a first-come, first-served basis.**

**Monthly School Tuition: Payments are based on a 10-month school year starting in August and ending in May.** Payments need to be made before the 10<sup>th</sup> of the month. **After the 10<sup>th</sup>, a \$10.00 late fee will be added.** A returned check fee of \$30.00 will be charged for any returned checks.

**To register for the appropriate class, students need to be of the proper age by September 1<sup>st</sup>.**

<b>Class and Day</b>	<b>Tuition: Monthly/Yearly</b>
1-year-old – M & W	\$160.00/\$1600.00 <b>(Must be walking and able to eat table food)</b>
2-year-old – T & TH	\$160.00/\$1600.00
3-year-old - M, W, & F	\$175.00/\$1750.00 <b>(Must be completely potty trained)</b>
3-year-old – M-F	\$190.00/\$1900.00 <b>(Must be completely potty trained)</b>
PreK – M-F	\$190.00/\$1900.00 <b>(Must be completely potty trained)</b>

**Enrollment check/Up to date address info:** A phone call will be made in July to make sure child will still be attending in the fall and confirm address information is still correct.

**Open house/ School supplies:** Open house will be August 13. In July, information on open house times and a school supply list will be mailed to the address on enrollment form.

**School year:** Classes start August 14 and 15 and will end May 13 and 14. With several exceptions, we do follow the Stephens County school calendar.

**School hours/Early drop off:** School hours are 8:30 am – 11:45 am. Early drop off begins at 7:45 am. There is a daily fee for this program. Pick up is from 11:45 until 12:00.

*(Revised 2024)*

**Office Use Only**

Allergies: \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Cash \_\_\_\_\_ Immunization Form \_\_\_\_\_

Enrollment check \_\_\_\_\_ Open house/ Supply list \_\_\_\_\_ Remind \_\_\_\_\_

Date of Application: \_\_\_\_\_

Age as of September 1st, 2023: \_\_\_\_\_

**Program Applying to:**

( ) 2 DAY 1's ( ) 2 DAY 2'S ( ) 3 DAY 3'S ( ) 5 DAY 3'S ( ) 5 DAY PRE-K

\*If registering for PreK, are you also registering your child for public PreK? Yes ( ) No ( )

Preferred name for child to be called at preschool: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ( ) Male ( ) Female

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Number: \_\_\_\_\_

Child's Legal Guardian: ( ) Both Parents ( ) Mother ( ) Father ( ) Other

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

**Emergency Contact:** (when parents cannot be reached)

1. Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Please list people allowed to pick up your child:

1. Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_
4. Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**Note: Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN / VERBAL permission from the parent.**

Siblings of the child:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Church Affiliation:

Does family attend church? ( ) Yes ( ) No Where: \_\_\_\_\_

Additional Information and Permission:

- ❖ Is there anything additional you would like us to know about your child?

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

- ❖ Is child left or right-handed? ( ) Left ( ) Right ( ) Unknown
- ❖ Do we have permission to put your child's picture in the newspaper? (We do not give individual names out, just classroom) ( ) Yes ( ) No
- ❖ Does your child have permission to participate in an All About Me project that contains a book of all classmates' fun facts. ( ) Yes ( ) No

**Medical Information:**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have allergies? ( ) Yes ( ) No If yes, must provide a letter from doctor.

Please list \_\_\_\_\_

If parent cannot be reached for emergency medical care for child at the time of an illness, accident, or injury, I give permission to First Baptist Preschool to obtain whatever treatment deemed necessary. I understand this may include transport to the hospital.

Parent / Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**Please Initial:**

\_\_\_\_\_ I acknowledge that my child MUST have a birth certificate and current immunization record on file and cannot be placed in class without these forms.

\_\_\_\_\_ I acknowledge that tuition is based on a 10-month school year. The first payment will be due in August and last payment in May.

\_\_\_\_\_ Tuition is due by the 10<sup>th</sup> of the month. A late fee of \$10.00 will be added after the 10<sup>th</sup>. A \$30.00 fee will be charged for all returned checks.

\_\_\_\_\_ In case of withdrawal, tuition must be paid through the month the child is enrolled.

\_\_\_\_\_ Children 3 years and older MUST be completely potty trained before attending preschool.

\_\_\_\_\_ I acknowledge that all fees are non-refundable.

\_\_\_\_\_ I understand that FBC Preschool reserves the right to remove a child from a class due to aggressive behavior, failure to be fully potty trained, and excessive absences.

\_\_\_\_\_ I understand that FBC Preschool is not a licensed childcare facility by the State of Georgia. I also understand this program is not required to be licensed by the Georgia Dept. of Early Childcare and Learning and that this program is exempt from state licensure.

By signing, I agree that all above information is correct and agree to the monetary responsibility associated with First Baptist Preschool.

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

*(Revised 2024)*