

**Registration Fees: (Non-refundable)**

\$150.00 / 2-Year &amp; 3-Year Classes

\$200.00 / Pre-K

**Monthly Tuition Fees:**

\$220.00 / 3-Day Classes

\$250.00 / 5-Day Classes

**NOTE: Children are placed in classes according to their age as of September 1.****Classes Offered: (Check one below)**

3-day Classes (M-W-F): \_\_\_\_\_ 2-year Old \_\_\_\_\_ 3-year Old

5-day Classes (M-F): \_\_\_\_\_ 2-year Old \_\_\_\_\_ 3-year Old \_\_\_\_\_ Pre-K

Child's Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Gender: M or F DOB: \_\_\_\_\_

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

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

Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Information**

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Information About Your Child**

Names &amp; Ages of Siblings: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Child's favorite activities: \_\_\_\_\_

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

**Photograph Authorization (please circle Y or N)****Pictures of my child may be taken by Weekday staff members for:**▪ Use within FBCZ Weekday in class projects and the school yearbook **Y or N**▪ Use on FBCZ Weekday Facebook page - pictures but no names **Y or N**▪ Use outside FBCZ Weekday in local newspaper - pictures but no names **Y or N**Parent's Initials \_\_\_\_\_**Emergency Authorization:**

In case of an emergency, who is the first point of contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Medical Contact:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**Allergies? **Y or N** If yes, please 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**

Please list anyone other than parents who are authorized to pick up/transport your child?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best daytime phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best daytime phone number: \_\_\_\_\_

**Church Affiliation:**

Religious Affiliation: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Would you like more information about First Baptist? **Y or N****Other Acknowledgements**

▪ Tuition must be paid by the 10th of each month.

▪ Tuition received after the 10th will be assessed a \$25 late fee.

▪ Two payments in arrears will result in your child being withdrawn from the program.

Signature of Parent: \_\_\_\_\_

**Make Checks Payable To: First Baptist Weekday Program**