



246 Washington St. Jefferson, GA 30549 • (706) 367-5226 • preschool@fbcjefferson.org

Preschool Enrollment 2024-2025

Class Options:

Age Requirements: All students must meet the age requirement by Sept. 1st of the current school year.

*Older 2s must have a birthday by March 1st (this class is for ages 2.5+)

<u>Older 2s*</u>	<u>3s</u>	<u>Pre-K4</u>	<u>Pre-K5</u>
3-day 2s:T-TR	2-day 3s	4-day 4s	5-day 5s
	3-day 3s	5-day 4s	
	4-day 3s		
	5-day 3s		

Student Information

Child's Name _____ Age _____
First Middle Last

Preferred Name _____ Gender: Male Female Date of Birth ____/____/____

Parent/Guardian & Family Information

Parents' Relationship: Married Divorced Separated Single

Child lives with: Both Parents Mother Father Other _____

Primary email: _____

Mother's Name: _____ Cell Phone: (____) _____

Home Address: _____

City: _____ State: Georgia Zip: _____

Place of Employment: _____ Occupation: _____

Driver's License # _____ State _____

Father's Name: _____ Cell Phone: (____) _____

Home Address: _____

City: _____ State: Georgia Zip: _____

Place of Employment: _____ Occupation: _____

Driver's License # _____ State _____

Names and ages of siblings _____

Religious affiliation/church membership _____

How did you find out about our program? _____

Emergency Contact

In case of an emergency, who should we contact if we cannot reach Parent/Guardians?

Name _____ Relationship to Child _____

Cell Phone (____) _____

Student Authorized Release

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

1. Name _____ Relationship to Child _____
Cell Phone (____) _____

2. Name _____ Relationship to Child _____
Cell Phone (____) _____

3. Name _____ Relationship to Child _____
Cell Phone (____) _____

Student Medical/Health Information

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

Are there any medical concerns or challenges we need to be made aware of for the care of your child?

Has your child received ANY special services (currently or in the past)? **Ex: Speech therapy, occupational therapy, counseling, Individualized Education Plan (IEP), etc.** If yes, please provide more details.

Enrollment Agreement

I have read and agree to the following statements:

- I have submitted my child's \$200 registration fee (\$150 for enrolled younger siblings).
- I have submitted my child's immunization Form 3231 or a medical/religious exemption form. I understand that no expired forms will be accepted.
- I agree to pay tuition by the **5th of each month**. A \$10 weekly late fee will be incurred after the due date. A \$20.00 fee will be charged for all returned checks.
- I understand my child must be potty trained to enter the 3s, 4s, or 5s class. FBCJ Preschool's definition of "Potty Trained" means the student can do the following tasks independently identify the need to go to the bathroom, pull clothes on and off, get on and off the toilet, and wipe themselves. Please see the "Bathroom Policy".
- I authorize that my child can be released by FBCJ Preschool to the individuals listed on this packet under "Student Authorized Release".

Parent Signature: _____ Date: _____

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed childcare 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 Signature

Date