2024/2025 Fall Registration
First Baptist Church Weekday Preschool

Dear Parent, Grandparents, and Caregivers,

Enrollment is now open for the fall of 2024. Please complete the attached registration form and include the $110.00 non-refundable registration fee per student. **We must have both of these in order to hold a spot for your child.**

Tuition is $300.00 per month for the first child and $285.00 per month for additional sibling. We offer classes from 1 year of age to Pre-Kindergarten for our Monday/Wednesday or our Tuesday/Thursday program. Our hours are 9:00 – 3:00 each day.

Please return the registration form and fee to my office or you may mail it to the church to my attention: FBC 7310 Overby Road, Fairview 37062. Attn: Jamie Gillette

If you have any questions, please feel free to email or call me at:
jamiegillette18@gmail.com or (615)799-9478 (0)

Blessings,

Jamie Gillette
Director

For office use only

Date: _____

Please circle which days you are interested in: M/W T/TH Amount: _____

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Child's FULL Name: _____ Birthdate: _____

Name your child prefers to go by _____ Gender _____

ALLERGIES _____ If yes, please fill out additional allergy form.

Email address _____ (if this is NOT a good form of communication for you, please let the director know.)

Parents Relationship to each other ____ Married ____ Divorced ____ Separated ____ Single

Child lives with (please check all that apply): ____ Mother & Father ____ Mother ____ Father ____ Other

Father/Guardian's Name: _____
***If Guardian, what is the relationship _____
Home address _____ Phone _____
City _____ State _____ Zip code _____
Occupation _____
Employer _____
Work Phone Number _____ Cell Number _____

Mother's /Guardian's Name: _____
***If Guardian, what is the relationship _____
Home address _____ Phone _____
City _____ State _____ Zip code _____
Occupation _____
Employer _____
Work Phone Number _____ Cell Number _____
Family Religious preference _____ Church Membership _____
How did you find out about our program? _____

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

Name: _____ Relationship to child: _____

Address _____ City _____

State _____ Zip _____ Occupation _____

Employer _____ Work Phone _____

Home Phone _____ Mobile Phone _____

I authorize my child, _____, to be released by FBC Weekday Preschool to the following persons, in addition to those already listed on this form.

Name: _____ Relationship to child: _____

Address _____ City _____

State _____ Zip _____ Occupation _____

Employer _____ Work Phone _____

Home Phone _____ Mobile Phone _____

This facility is not required to be licensed by the state as a child care agency.

Photo/Media Release: I give my permission to FBC Weekday Preschool to use my child's photograph and first name in articles and / or media _____ YES ____ NO. If No, please fill out additional Photo/Media Release form.

_____

Parent Signature

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention. I authorize FBC Weekday Preschool staff to take my child to an emergency room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ City _____

State _____ Zip _____ Phone _____

Special Instructions _____

** I give consent for any and all treatment deemed necessary by the attending physicians.

(Attach a copy of your insurance card)

_____

Parent Signature

Power of Attorney

I hereby give my consent to FBC Weekday Preschool to act on my behalf in a medical emergency. I understand that the cost of this care will be paid by me. It is understood that a conscientious effort will be made to notify me. If I am unreachable, other persons authorized to act on my behalf in medical emergencies will be contacted provided time permits.

BY SIGNING THIS I AM ALSO AGREEING TO ALL TERMS AND CONDITIONS OF THE 2024/2025 PARENT HANDBOOK

Child's Name _____ Parent's Name _____

Please print *Please print*

My Medical Facility of choice _____

Parent Signature _____ Date _____