

# Registration Check List

Please use this check list to ensure that your child is properly registered for the 2018-2019 school year.

## Enclosed Forms to Return:

- Preschool Application-Yellow (front and back filled out)
- Medical Release and Trip/Activity Form-Pink  
(filled out and Notarized - a notary is available in the Preschool or Church Office.)
- Photo Release Form-Pink (on the back of the Medical Release)
- Permission to Pick Up Form-Green
- General Info. Form-Orange (choose appropriate side)
- School Directory Form-Blue
- Prayer Pal Form-Purple

## You Add:

- Registration Fee  
(\$110 through May 10, 2018 & \$140 after May 10, 2018)
- Form 3231-Shot Record  
\* Shot records do not have to be turned in with registration papers. We just need to have them by the first day of school. They can be faxed directly to us from your doctor's office 706-597-0668.

# First Baptist Church Cornerstone Preschool Registration Form

2018-2019 School Year

253 Jackson Street, P. O. Box 1205

706-595-4252 Fax: 706-597-0668 [www.fbcthomson.org](http://www.fbcthomson.org)

**REGISTERING FOR** (class marked should be the child's age as September 1, 2018):

1-Year-Old Class (T/Th)  
\$95 Monthly Fee

3-Year-Old Class (T/W/Th) **OR**  
\$105 Monthly Fee

3-Year-Old Class (M-F)  
\$135 Monthly Fee  
(5 day available if we have enough requests)

2-Year-Old Class (T/Th)  
\$95 Monthly Fee

4-Year-Old Class (M-F)  
\$135 Monthly Fee

5-Year-Old Class (M-F)  
\$135 Monthly Fee  
(available if we have enough requests)

1. Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_ Sex \_\_\_\_\_

Child's Address \_\_\_\_\_

2. Who does the child live with?  Father  Mother  Both Father & Mother  Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work phone \_\_\_\_\_

3. Church Membership \_\_\_\_\_

Would you like to receive information regarding First Baptist Church of Thomson?  yes  no

4. Persons in your household

Please list the names and relationships to the child of all persons living in the child's household.

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **DUE AT REGISTRATION: NON-REFUNDABLE REGISTRATION FEE OF \$110 by May 10, 2018 or \$140 after May 10, 2018.** This registration fee is in addition to the monthly tuition. A copy of your child's immunization record on Georgia Department of Human Resources Form 3231 should be turned in with or added to this application by the 1<sup>st</sup> day of the 2018-19 Preschool year. **No child will be admitted without an up-to-date record!**

6. Emergency contacts

Please list below the name, address and telephone number of two persons who may be contacted in case of emergency and we cannot reach the parent.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_

7. Agreement

I agree in the event of an accident or the illness of my child while at school, if I cannot be immediately contacted, the personnel of the first Baptist Church Cornerstone Preschool Ministry is authorized to use their discretion in obtaining medical assistance for my child.

Yes  No

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

If possible the school should contact:

\_\_\_\_\_  
*(Local doctor)*

\_\_\_\_\_  
*(Office address)*

\_\_\_\_\_  
*(Office phone)*

\_\_\_\_\_  
*(Home phone)*

8. Other medical information Cornerstone Preschool Director and teachers need to know about my child. (ie. food or insect allergies, asthma or other breathing problems or general health matters.)

9. Additional Agreement

I agree to assume full responsibility for paying all medical expenses incurred under this provision.

Yes  No

\_\_\_\_\_  
Mom's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dad's Signature

\_\_\_\_\_  
Date

10. Understanding

I have read, understand and accept the policies and procedures attached to this form.

\_\_\_\_\_  
Mom's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dad's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Early Registration Fee \$110 (2-20-18 thru 5-10-2018)

pd\$ \_\_\_\_\_ cash receipt# \_\_\_\_\_ -or- check # \_\_\_\_\_ date pd \_\_\_\_\_

Registration Fee \$140 (after 5-10-18)

pd\$ \_\_\_\_\_ cash receipt# \_\_\_\_\_ -or- check # \_\_\_\_\_ date pd \_\_\_\_\_

**FBC Cornerstone Preschool  
Nondiscriminatory Statement**

First Baptist Church  
Cornerstone Preschool admits  
students of any race, color, and  
national or ethnic origin.

# MEDICAL RELEASE AND TRIP/ACTIVITY FORM

file date: \_\_\_\_\_

First Baptist Church, Thomson, Georgia

All participants in First Baptist Church in Thomson, GA, events must have a signed and notarized Medical and Media Waiver (on Back) and Release Form, including adults 18 years and older. Participants under 18 must have an authorized signature of a Parent/Guardian. This form is good for **all Preschool activities during the 2018-19 Preschool Calendar Year.**

Participant's Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION:** In the event that a parent cannot be reached, who is to be notified?

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Current Medical Information:**

List all current and up-to-date Immunizations: **Attach Form 3231 From Georgia Dept of Human**

**Resources (must be turned in by the first day of Preschool 9/4/18)**

Please list any medications, food, or other substance participant is allergic to and any medication presently used on a regular basis. Indicate in detail the frequency of medication dosages. List any major medical history. (Attach an additional page if needed for additional space.)

**Please list your blood type (if known) \_\_\_\_\_**

If you wish to have any insurance or benefit claimed for you, please list it below.

<b><u>Company Name</u></b>	<b><u>Policy Owner</u></b>	<b><u>Contract Number</u></b>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that I give permission for me/my child to receive medication and emergency treatment if necessary in the event of illness or accident. I give the official First Baptist Church representatives permission to make a decision concerning emergency treatment.

\_\_\_\_\_  
(Signature of Parent/Guardian/Self)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Notary expires

*Notaries are available in the Preschool and Church Offices.*

*But the notary must see you sign this form.*

## Photo Release Form

The First Baptist Church in Thomson, Georgia, Inc.  
PO Box 1205  
253 Jackson Street  
Thomson, GA 30824

I, \_\_\_\_\_, grant to the First Baptist Church in Thomson, Georgia, Inc., its representatives and employees the right to take and publish photographs or video of me and my property in regard to its web site, social media, and any other publications it may distribute to the general public. I agree that the First Baptist Church in Thomson, Georgia, Inc. may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above. I have also read and understand the church's philosophy on publishing photographs and personal information included on the bottom of this form.

Signature of Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

(if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Subject's Address: \_\_\_\_\_  
\_\_\_\_\_

### Why does First Baptist Church use this photo release form?

At First Baptist Church, we are committed to protecting the privacy of our congregation members. Photographs, addresses, phone numbers and other forms of personal information about our members are limited to internal publications that we distribute among other verified members. Examples of these internal publications include the church newsletter, the member directory, and various committee contact lists.

However, First Baptist Church also publishes information to the general public on its web site and facebook and a few unique documents used for promotion purposes. For these kinds of publications, we follow a firm set of guidelines to limit the personal information about any people included as subjects:

- First Baptist Church does not display any identifiable photographs of people on our web site or in any of our publications distributed to the general public unless a release form has been signed by the person(s) appearing in the photograph.
- Photographs of children are not published unless a similar release has been signed by a parent or legal guardian.
- For staff members, we may list names, email and office phone numbers because it is important that people be able to contact the staff through normal office channels.
- For adult members, we often list names of people who have been designated as contacts for groups or activities at church. We do not list their email addresses or phone numbers unless they have specifically given permission (or asked us).
- For non-adult members, we may list first names only, but no email addresses or phone numbers.

# PERMISSION TO PICK-UP

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_

The people you list on this sheet are the people that may pick up your child from preschool. We must have your permission in writing if you intend for someone other than those listed below to pick up your child

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following people **DO NOT HAVE PERMISSION** to pick up my child:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Circle One:** My child... **will** **will not** .... ride in a carpool.

Other children that will be riding in the carpool:

Child's Name

Teacher

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Parent's Signature \_\_\_\_\_

# GENERAL INFORMATION FORM

## 1 YEAR OLDS

(2, 3 and 4 year olds on the other side)

1. Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

2. Eating Habits? \_\_\_\_\_

3. Is he/she quiet or active? \_\_\_\_\_

4. What regular interaction with adults and other children has he/she had?

\_\_\_\_\_

\_\_\_\_\_

5. Is your child comfortable being left in the care of others? \_\_\_\_\_

6. What kind of play does he/she enjoy? \_\_\_\_\_

Group \_\_\_\_\_ Individual \_\_\_\_\_

7. What are his/her favorite toys? \_\_\_\_\_

8. To what degree is he/she establishing independence?

a. Standing Alone \_\_\_\_\_

b. Walking \_\_\_\_\_

c. Feeds himself/herself snack \_\_\_\_\_

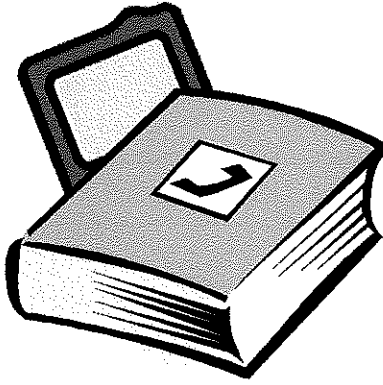
d. Drinks from a Sippy Cup \_\_\_\_\_

9. Please list any special concerns you have (hearing loss/difficulties, medical history, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# SCHOOL DIRECTORY

Parents and Teachers find a student directory useful during the school year, especially when scheduling celebrations.

If you would like to be included in and receive a copy of the student directory, please complete the following information.

Thank you!!

\*\*\*\*\*

Child's Name: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

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

\_\_\_\_\_

City

\_\_\_\_\_

Zip

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

Home

\_\_\_\_\_

Cell



## Prayer Pals

Prayer Pals is a special Cornerstone Preschool ministry where each child is assigned an adult member of First Baptist Church (FBC) who has committed to being your child's prayer pal by praying for them on a daily basis. We believe that prayer is a powerful resource and that God hears us and answers when we call upon His name. It is wonderful to have someone praying daily blessings upon the life of your little angel. Your child's prayer pal might enjoy sending notes of encouragement and special "pal mail" throughout the school year also. If you would like for your child to have his/her very own prayer pal here at Cornerstone Preschool, please check the box below and turn this form in with your registration papers.

\_\_\_\_\_ YES! I would like for my child, \_\_\_\_\_, to have his/her very own prayer pal. I give permission for Cornerstone Preschool to give my child's prayer pal his/her address, phone number and birthday.

Please remember to let us know how we may pray for you at any time. If you have a special request, send it in your child's folder or share it with a teacher or Mrs. Alice so that the Preschool Staff can pray for your need and also pass it on to your child's prayer pal.

Once you sign on at Cornerstone Preschool, you become part of our family. Families pray and love each other and that exactly what we intend to do for you and your family!!

In His Holy Name,

Alice Gary  
Director of Preschool Ministries

and

The FBC Cornerstone Preschool Committee