

# Registration Check List

Please use this check list to ensure that your child is properly registered for the 2019-2020 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
- Txt Notifications-Bright Green

## **You Add:**

- Registration Fee  
(\$110 through May 16, 2019 & \$140 after May 16, 2019)
- 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

2019-2020 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, 2019):

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

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

OR  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

2-Year-Old Class (T-Th)  
\$105 Monthly Fee  
(available if we have enough requests)

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

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 1, 2019 or \$140 after May 16, 2019.** 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 2019-20 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 (2-28-19 thru 5-16-2019)

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

Registration Fee \$140 (after 5-16-19)

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 2019-2020 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 9/3/19)**

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.

<u>Company Name</u>	<u>Policy Owner</u>	<u>Contract Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.*

**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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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 \_\_\_\_\_

## Prayer Pals

Prayer Pals is a special Cornerstone Preschool ministry where each Preschool Class is assigned an Adult Sunday School Class at First Baptist Church (FBC) who has committed to being that class' 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 Sunday School Class might enjoy sending notes of encouragement and special "pal mail" throughout the school year also.

Please indicate below if it is okay for your child to participate in this program, and return this form in with your registration papers.

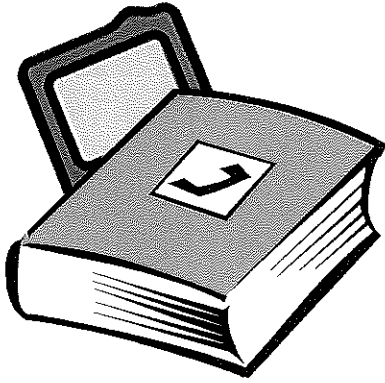
\_\_\_\_\_ YES! I would like for my child, \_\_\_\_\_, to participate in the Prayer Pal Ministry. I give permission for Cornerstone Preschool to give my child's Prayer Pal Sunday School Class his/her address, phone number and birthday.

Please remember to let us know how we may pray for you at any time during the school year. 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 Sunday School Class.

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

In His Holy Name,

Kori Langham  
Director of Preschool Ministries



# 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



If you would like to be added to our group reminders, please fill out the information and sign and date form. If you wish to **not** be added to this, please check the **NO** box and sign and date form.

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

Parent/ Guardian # 1: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_)-\_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian # 2: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_)-\_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian # 3: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_)-\_\_\_\_\_

Email: \_\_\_\_\_

No, I do not want to be emailed or texted reminders or other important preschool information.

X

\_\_\_\_\_  
Parent's / Guardian's Signature

X

\_\_\_\_\_  
Date