

First Baptist Church Cornerstone Preschool Registration Form

2023-2024 School Year

253 Jackson Street, P. O. Box 1205

706-595-4252 Fax: 706-597-0668 www.fbcthomson.org

REGISTERING FOR (class marked should be the child's age as September 1, 2023):

- 1-Year-Old Class (T/Th) \$110 Monthly Fee
 2-Year-Old Class (T/W/Th) \$120 Monthly Fee (available if we have enough requests) **OR** 2-Year-Old Class (M-F) \$150 Monthly Fee (available if we have enough requests)

- 3-Year-Old Class (T/W/Th) \$120 Monthly Fee **OR** 3-Year-Old Class (M-F) \$150 Monthly Fee (5 day available if we have enough requests)

- 4-Year-Old Class (M-F) \$150 Monthly Fee
 5-Year-Old Class (M-F) \$150 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. T-Shirt Size: 2T _____ 3T _____ 4T _____ 5/6 _____ Youth Small _____ Youth Medium _____ Other: _____

6. **DUE AT REGISTRATION: NON-REFUNDABLE REGISTRATION FEE OF \$110 by May 11, 2023 or \$140 after May 12, 2023.** 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 1st day of the 2023-2024 Preschool year. **No child will be admitted without an up-to-date record!**

7. 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 _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone numbers _____

Phone numbers _____

Relationship to child _____

Relationship to child _____

8. 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)

9. 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.)

10. 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

11. 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 (2-21-23 thru 5-11-2023)

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

Registration Fee \$140 (after 5-12-23)

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.