

First Baptist Church Weekday Preschool

108 NORTH MAIN STREET
STATESBORO, GA 30458
912-489-7926

Dear Parents,

Each of us at FBC Weekday Preschool is looking forward to the new school year! Every year brings more opportunities for fun, exciting activities, and learning with your children!

Each child, whether new or returning, must have all the information listed below complete and returned with the enrollment packet to be able to register for preschool. Your child will not be registered if all forms are not completed and turned in.

- Completed Registration Packet
- Georgia Immunization Certificate #323 OR Affidavit of Religious Objection to Immunization (Form 2208)
****This must have an expiration date or be marked complete for school attendance. It must also be signed.**** (Please see enclosed letter.)
- Copy of Health Insurance
- Registration Fee for Preschool

Children will not be allowed to register for preschool without all forms completed and turned in.

When completing the above forms, please respond to all questions/lines, leaving nothing blank. If something does not apply, indicate that by placing N/A in the blank. When giving addresses, please list the complete street address and zip code. If your mailing address is a PO Box you may list that also. Daytime phone numbers are a must! If this changes, let your child's teachers and the director know immediately.

Enclosed you will find the 2024-2025 Enrollment Packet. After your child is registered, you will be given a supply list at open house. The first days of school are Thursday, August 8 and Friday, August 9. August's tuition is due by your child's first day of school and will be considered late if paid after Monday, August 12. Late payments must include the \$25.00 late fee. **No exceptions.**

Thank you for entrusting your most treasured gift(s) to us! The staff and I are committed to keeping your children safe, loving them, playing with them, and teaching them while they are with us.

Thank you in advance for your cooperation with following our policies.

In His Love,



Ashley Phillips

FBC Weekday Preschool Director

First Baptist Church Weekday Preschool 2024-2025

STUDENT INFORMATION

Child's Name _____ (Male / Female)

Preferred Name _____ Date of Birth _____

FEES DUE AT REGISTRATION

\$160 Registration Fee

All classes are dependent upon registration interest.

THE REGISTRATION FEE IS NON-REFUNDABLE

CLASS SELECTION

PLEASE SELECT THE PREFERRED CLASS FOR YOUR CHILD.

INFANTS- 6 months by August 1

Parents will provide formula and baby food for their child.

Tuesday/Thursday Class \$215 per month

12-24 MONTHS- Must be 12 months before September 1

Parents will provide a healthy snack for their child.

Monday/Wednesday Class \$215 per month

Tuesday/Thursday Class \$215 per month

2 YEAR CLASSES -Must be 2 before September 1

Parents will provide a healthy snack for their child.

3 Day 2's Monday/Wednesday/Friday \$230 per month

5 Day 2's Monday-Friday \$255 per month

3 YEAR CLASSES- Must be 3 before September 1

Parents will provide a healthy snack for their child.

3 Day 3's Monday/Wednesday/Friday \$230 per month

5 Day 3's Monday-Friday \$255 per month

4 YEAR CLASSES- Must be potty trained and be 3 before September 1

Parents will provide a healthy snack for their child.

5 Day 4's Monday-Friday \$255 per month

EARLY-CARE OPTION

If you would like to sign up for the Early-Care option (**8:00-8:30**), please mark your preferred option below.

2- days/wk (\$20 per mo.) 3-days/wk. (\$30 per mo.) 5-days/wk (\$50 per mo.)

First Baptist Church Weekday Preschool 2024-2025

GENERAL INFORMATION

Child's Name _____ Date of Birth _____

Known allergies, special needs, asthma, etc.: _____

Mailing Address: _____

Street Address (if different): _____

Child's Living Arrangements: Father Both Parents
 Mother Guardian Name: _____

Explain: _____

Email address to use for notices/reminders: _____

Dad's Name: _____ Mom's Name: _____

Dad's Email: _____ Mom's Email: _____

Dad's Cell: _____ Mom's Cell: _____

Dad's Employer: _____ Mom's Employer: _____

Dad's Work Phone: _____ Mom's Work Phone: _____

CHILD PHOTO PERMISSION

(YES / NO) FBC Weekday Preschool can use photos taken of my child at FBC Weekday Preschool in advertisements and or social media used by the preschool.

EMERGENCY CONTACTS AND AUTHORIZED PICK UP (Photo ID required for pickup)

Person(s) to contact in case of an emergency when parents cannot be reached. List adults who are authorized to provide medical consent and pick the child up from preschool. Please list one local person.

Name of Person	Relationship to Child/Parent	Address/Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OTHER THAN THE PERSONS LISTED ABOVE, I authorize my child to be released by FBCWP to the following people. **I will communicate and make sure the people listed below understand they must show a picture ID before they will be allowed access to my child.**

Name of Person	Relationship to Child/Parent	Address/Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My signature indicates that: (1) I have provided the above information; (2) I grant permission for use of the above information at school and on field trips; (3) I accept responsibility for notifying the FBCWP Director, in writing, of changes/updates in this information as it occurs.

Parent/Guardian Signature _____ Date _____

First Baptist Church Weekday Preschool 2024-2025

Child's Name _____

Parental Agreement with FBC Weekday Preschool

Please initial in the box beside each statement showing that you agree and/or give permission.

- FBC Weekday Preschool agrees to provide care for my child on enrolled days from 8:30 am - 12:00 noon. Those enrolled in early-care will receive care on enrolled days from 8:00-8:30 am.

- I/We understand that no medication can be dispensed to my child until I have completed the "AUTHORIZATION FOR MEDICATION FORM" which will include: date, child's name, name of medication, prescription number, dosage, date and time medication is to be given. Medicine must be in the original container with your child's name on it. Authorization forms are available from the Director.

- My child will not be allowed to enter or leave FBC Weekday Preschool without being escorted by the parent/guardian, person authorized by the parent(s), or FBC Weekday Preschool personnel.

- I/We acknowledge it is my responsibility to keep my child's records current. Any changes such as telephone numbers, work location, emergency contacts, child's physician or child's health status will immediately be given to the FBC Weekday Preschool Director in writing. It is also my responsibility to keep my child's immunization certificate up to date. ****If your child's immunization certificate is expired for longer than 30 days, he/she will not be able to return to preschool until a current certificate is obtained.***

- FBC Weekday Preschool agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.

- I/We acknowledge, FBC Weekday Preschool does not provide meals or snacks. I agree to send nutritious snacks and drinks for my child on days that he/she attends. I/We will not send soda, candy, hot dogs, uncut grapes, popcorn, nuts or carrots for my child's snack.

- Children under two may not attend preschool more than two days per week in accordance with state regulations.

- Children must be able to participate fully in our curriculum, without distracting other learners.

- We sometimes have animals visit the preschool for various learning opportunities. I consent to my child participating in the activities involving animals and release First Baptist Church of Statesboro, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the activity.

Parent/Guardian Signature: _____ Date: _____

First Baptist Church Weekday Preschool 2024-2025

Child's Name _____

MEDICAL INFORMATION

Child's physician or name of clinic child attends: _____

Address: _____ Phone Number: _____

Does your child have any allergies of any kind (food, insect bites, etc.)? (YES / NO)

Does your child have physical issues, health problems, asthma, diabetes or developmental delays which would limit their participation in any activities? (YES / NO)

If YES, please give SPECIFIC instructions for care and medication below. An "Authorization for Medication" form must be signed before medication of any kind can be given. See director for this form.

Is your child currently on any medication(s) prescribed for long-term continuous use? (YES / NO)

If yes, please specify: _____

Are any special procedures required in caring for your child other than those listed above? (YES / NO)

If yes, please specify: _____

EMERGENCY MEDICAL AUTHORIZATION

Should my child (given name) _____ Date of Birth _____ suffer an injury or illness while in the care of FBC Weekday Preschool and the staff is unable to contact me/us immediately, FBC Weekday Preschool shall be authorized to secure such medical attention and care for the child as may be necessary. I/We shall assume responsibility for payment of services rendered.

Parent/Guardian Signature _____ Date _____

FBC Weekday Preschool agrees to keep me informed of any incidents requiring professional medical attention involving my child.

My signature indicates that: (1) I have provided the above information; (2) I grant permission for use of the above information at school and on field trips; (3) I accept responsibility for notifying the FBCWP Director, in writing, of changes/updates in this information as it occurs.

Parent/Guardian Signature _____ Date _____

First Baptist Church Weekday Preschool 2024-2025

Child's Name _____

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

FBC Weekday Preschool personnel shall not dispense non-prescription medications to a child without specific written authorization from the child's parent.

I give FBC Weekday Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Please check all that apply.

- Baby Wipes (parent supplies)
- Band-aids
- Neosporin or similar ointment
- Non-prescription ointment such as A&D, Desitin, Vaseline (parent supplies)
- Other (Please specify): _____

*All prescriptions and non-prescriptions taken by mouth will need a separate form filled out. This form can be obtained from the Director.

Child's Name _____

Parent/Guardian Signature: _____ Date: _____

DISCLOSURE POLICY

We want to be fully informed to provide the best learning environment for your child. Parents are expected to disclose significant physical, medical, developmental, or psychological issues or concerns about your child prior to enrollment. If your child has a current IEP, please provide that information as well. Sometimes we may not be equipped to provide the best care based on your child's needs but can help get you connected with the proper resources.

Does your child have a significant physical, medical, developmental or psychological issue? (YES / NO)

If yes, please describe: _____

Is your child being evaluated for a physical, medical, developmental or psychological concern? (YES / NO)

If yes, please describe: _____

Does your child have a current IEP? (YES / NO) If yes, please provide a copy at registration.

First Baptist Church Weekday Preschool 2024–2025

Policies and Procedures

Child's Name _____

Please initial in the box beside each statement showing that you agree and/or give permission.

ILLNESSES

If you are called by the school to pick up your child due to any illness of any kind (fever, rash, vomiting, nausea, and/or any other symptoms that warrant a call from the preschool), **the parent agrees to keep their child home from school AT LEAST 24 hours, even if your child shows no further symptoms to avoid the spread of any illness/disease.** The parent agrees to keep the child home **longer than** the following school day **if the symptoms still persist for a longer period of time.** This is to help our school contain any and all illnesses that your child may carry. By initialing in the box to the left, you are agreeing to this policy. We encourage you to read the parent handbook for further details on this issue.

TUITION

- **All fees and tuition are due by the 1st of each month.**
- A late fee of \$25 will be assessed for any payment received after the 5th of the month, regardless of the day on which the 5th falls. **No exceptions!**
- Any child/children whose tuition is not paid **by the 15th of the month** can not return until the past due tuition **plus** late fee are paid in full.
- *If enrolling multiple children, a 10% discount will be applied when balance is paid.*
- I agree if I withdraw my child/children from FBC Weekday Preschool and decide to re-enroll my child/children during the same school year there will be a \$50 program re-entry fee for each child.

SCHOOL CLOSINGS

Any time the Bulloch County School System closes due to professional days, weather, etc., FBCWP will also be closed. Additionally the preschool is closed some days that Bulloch County Schools are not. Notice of closings will be posted in advance whenever possible.

PHOTOGRAPHS AND PUBLICITY

Throughout the year, photographs of the children participating in FBC Weekday Preschool may be taken and published in newspapers, brochures, magazines, social media or other publicity materials. **If you do not want your child's picture taken or used, please be sure you indicated this on the Emergency Contact form by circling "NO."** Other photographs of your child will be used in memory books and other class related materials/keepsakes, unless you notify us that you do not agree.

EQUAL RIGHTS

FBC Weekday Preschool admits students of any race, color, gender, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at school. We do not discriminate on the basis of race, color, gender, national and/or ethnic origin in the administration of our educational policies, or admission policies.

PARENT HANDBOOK

A link to the 2024–2025 Parent Handbook can be found on FBC's website on the Weekday Preschool page. Please use it as a reference for more detailed information about FBC Weekday Preschool, our policies/procedures, objectives, and goals. Please initial in the box to the left acknowledging that you have read our Parent Handbook.

My signature indicates that: (1) I have provided the above information; (2) I grant permission for use of the above information at school and on field trips; (3) I accept responsibility for notifying the FBCWP Director, in writing, of changes/updates in this information as it occurs.

Parent/Guardian Signature _____

Date _____

First Baptist Church Weekday Preschool 2024-2025

DAILY AND WEEKLY ITEMS NEEDED

- A healthy snack and juice or a cup for water daily. **DO NOT send whole grapes, nuts, carrots, popcorn, candy, soda or hot dogs or fruit/applesauce pouches that have a small round, removeable top**
- All ages need to bring a complete change of clothes, including socks.
 - Put your child's name on each piece of clothing.
 - Items should be sent in a Ziploc bag with their name written on the outside of the bag.
 - The teacher will keep these in a safe place.
- Please send diapers/pull-ups and wipes if your child still uses them.
- Parents of infants may send bottles.

YEARLY SUPPLY LIST

We ask that each child bring the following supplies. Your child's teacher will give you a more classroom-specific list at Open House. Thank you for your donations!

- 1 pack of diaper/baby wipes OR 1 pack of Lysol/Clorox wipes
- 1 bottle of Purell "Foodservice Sanitizer" spray OR Clorox "Anywhere" spray
- 1 box of tissues

NOTICE OF EXEMPTION

Bright From the Start, Georgia's Department of Early Care and Learning, is charged with meeting the childcare and early education needs of Georgia's children and their families through licensure of childcare centers. Because of our half-day program, our program is not licensed by Bright from the Start and is not required by the state to be licensed. This exemption is granted on an annual basis.

Child's Name _____

Parent/Guardian Signature: _____ Date: _____

First Baptist Church Weekday Preschool 2024–2025

PRESCHOOL CALENDAR/HOLIDAYS

August 6.....	Open House
August 8/9.....	First Day of School
September 2 & 3.....	Labor Day/Teacher Professional Development
October 14-18.....	Fall Break
November 11-12.....	Georgia Baptist Convention/Preschool Closed
November 25-29.....	Thanksgiving Break
December 23-January 6.....	Christmas Break
January 20.....	MLK, Jr. Holiday
February 17-21.....	Winter Break
March 10.....	Professional Development Day
April 7-11.....	Spring Break
May 15.....	FBCWP Pre-K Graduation
May 15-16.....	Last Day of School

Note: Any time the Bulloch County School System closes due to professional days, weather, etc., FBCWP will also be closed. Additionally, FBCWP is closed some days the public school system is not. Notice of closing will be posted in advance.

First Baptist Church Weekday Preschool 2024–2025

108 North Main Street
Statesboro, GA 30458
912-489-7926

Dear Parents,

This letter is regarding your child's immunization certificate. No child will be allowed to attend until this form has been approved and is on file in the Weekday Preschool office.

FBC Weekday Preschool policy and Georgia law require that all children entering FBC Weekday Preschool have a Certificate of Immunization, Form #3231, on file prior to attending. This form must include the following:

- Child's Name
- Name of Parent's/Guardian
- Child's Date of Birth
- Date of Expiration
- Vaccine Administration Dates
- Date of Issue
- Signature of Issuer (Note: If a stamp is used, the person using the stamp must put their initials and title by the stamp.)
- Name and Address of the Healthcare Provider

A clear, legible, photocopy of a dated and signed Form 3231 is acceptable. However, the information must not be altered in any way.

Your child's doctor and the Bulloch County Public Health Department will have Form 3231. The form must be issued by a licensed Georgia physician or Health Department. If you are new to Georgia and do not have a doctor, the local public health department can transfer your child's shot record to a Georgia Form 3231, but only if the child's immunizations are up to date. There will be a small fee for this. In addition, the health department can provide any additional immunizations that may be required.

Be advised that an updated certificate must be in my office within 30 days after the date of expiration. If I do not have an updated Form #3231, your child can not attend FBC Weekday Preschool until the form is received. This is Georgia Law and FBCWP policy. Please keep a record of the expiration date on your child's immunization certificate.

If your child has a Medical Exemption for one or more vaccines, these must be marked in the Medical Exemption column of the 3231 and must include the expiration date.

Religious Exemptions are not documented on the 3231. This must be documented by a notarized affidavit stating that immunization conflicts with the parent's/guardian's religious belief. This will be placed in the child's file in lieu of a Certificate of Immunization. This also must be on file to register for preschool. In the event of an outbreak, these children will not be allowed to attend FBC Weekday Preschool until notified.

The local Public Health Department is located at 1 W. Altman Street, Statesboro (912-764-3800).

Thank you for complying with FBC Weekday Preschool Policy and Georgia Law regarding Immunization Certificate Form 3231.

In His Love,



Ashley Phillips
FBC Weekday Preschool Director

CERTIFICATE OF IMMUNIZATION

Shmoe, Joe M. 1/15/2009
Child's Name (Last name first) Birthdate

Mary Lou Shmoe
(Optional) Parent/Guardian Name (Last name first)

Must have student name and birthdate

OR (Fill in X)

Date of Expiration Complete For School Attendance

(Next required immunization or review of medical exemption due.) Child must be >= 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.

Must not have expired before start of school year

OR

Must have "Complete for School" box checked

	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY			
Required Vaccines for School or C															
DTP, DTaP, DT, Td	04	01	09	05	29	09	08	13	09	05	14	10			
Polio	07	09	09	09	29	09	09	21	10	02	07	13			
Hepatitis B	07	09	09	09	29	09	01	28	10						
Tdap															
MCV4															
HIB <small>(Under Age 5)</small>	04	01	09	05	29	09	08	13	09	01	28	10			
PCV <small>(Under Age 5)</small>	05	05	09	11	05	09	03	18	10	08	05	10			
Measles	08	05	10	02	10	14									
Mumps	08	05	10	02	10	14									
Rubella	08	05	10	02	10	14									
Hepatitis A <small>(Born on/after 1/1/06)</small>	02	09	11	04	13	12									
Varicella	05	14	10	02	10	14									
Recommended Vaccines (For Information Only)															
Rotavirus															
HPV (3 Doses)															
Influenza															
Td Booster															

Notes:
 A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content and certification of this certificate with legible name, address, signature and date of issue. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es). **The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box.** A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.**

Must have physician or health department's name, address, and phone number, along with a signature and date.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Dr. Health Care
 112 Care Way
 Cumming, GA 30040
 770-111-2222

[Signature] 1/17/2014

Certified by (Signature/Signature Stamp) Date of Issue