

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! There are some changes to our class offerings so please read over the options carefully.

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 (Pages 1-7)
- 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.)

• 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 2025-2026 Enrollment Packet. After your child is registered, you will be given a supply list at open house. The first days of school are Monday, August 11 and Tuesday, August 12. <u>August's tuition is due by Monday, August 11,</u> and will be considered late if paid after Wednesday, August 13. 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,

Shley Phillips

Ashley Phillips FBC Weekday Preschool Director



STU	JDENT INFORMAT	ION	
Child's Name			_ (Male / Female)
Preferred Name		Date of Birth	
How did you hear about us? Friends / Fan	nily / Social Media	/ Newspaper / Other:	
Do you attend First Baptist Church Statest	ooro? (Yes/ No) If n	not, where?	
Would you like more information about FB	C Statesboro? (Ye	s /No)	
REQUIR	REMENTS AT REGIS	STRATION	
Completed Registration	Packet		
Immunization Form #323 *Registration forms w	•	d without current immuniz	ation form*
Registration Fee for Prese	chool		
		Registration ree	0.00
Received by	Date	Total Paid	
		CHECK	CASH

	STUDENT INFORMATION		
Child's Name			(Male / Female)
	FEES DUE AT REGISTRATION		
	\$170 Registration Fee sses are dependent upon registra HE REGISTRATION FEE IS NON-REFU		
	CLASS SELECTION		
PLEAS	E SELECT THE PREFERRED CLASS FOR	YOUR CHILD.	
	INFANTS- 6 months by August	1	
_	ll provide formula and baby food f		
Monday-T	hursday (4 Day)	\$252 per month	
	ITHS- Must be 12 months before	•	
	will provide a healthy snack for th		
Monday-Fr	iday (5 Day)	\$265 per month	
2 YEAR C	LASSES -Must be 2 before Sept	ember 1	
Parents	will provide a healthy snack for th	əir child.	
🔲 3 Day 2's	Monday/Wednesday/Friday	\$240 per month	
5 Day 2's	Monday-Friday	\$265 per month	
3 YEAR CLASSES-	Must be POTTY-TRAINED and b	e 3 before Septem	nber 1
Parents	will provide a healthy snack for th	eir child.	
🔲 3 Day 3's	Monday/Wednesday/Friday	\$240 per month	
5 Day 3's	Monday-Friday	\$265 per month	
4 YEAR CLASSES	- Must be POTTY-TRAINED and	be 4 before Septer	mber 1
Parent	s will provide a healthy snack for t	heir child.	
5 Day 4's	Monday-Friday	\$265 per month	
	EARLY-CARE OPTION		
	ke to sign up for the Early-Care op lease mark your preferred option k		
2 - day	s/wk (\$25 per mo.) 🔲 4-days/w s/wk (\$35 per mo.) 🔲 5-days/w	k. (\$45 per mo.)	

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:	
	Mom's Name:
	Mom's Email:
	Mom's Cell:
	Mom's Employer:
	Mom's Work Phone:
	IZED PICK UP (Photo ID required for pickup)
• • • • • • • •	en parents cannot be reached. List adults who are ne child up from preschool. <u>Please list one local person.</u> Child/Parent Address/Phone Number
1 2	
3	
OTHER THAN THE PERSONS LISTED ABOVE, I authoriz	e my child to be released by FBCWP to the following eople listed below understand they must show a
Name of Person Relationship to	Child/Parent Address/Phone Number
1	
2	
3	

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 (A&D, Desitin, Vaseline-parent supplies)
Other (Please specify):	(A&D, Desitin, Vaseline-parent supplies)

*All prescriptions and non-prescriptions taken by mouth will need an "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.

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 phycological 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:

le v	our child hoing	a ovaluated for a	physical modical	dovelopmental or r	psychological concern?	(VEC	
15)	γουι στιπα βειτίς	Jevaluated for a	physical, mealcal,	, developmental or p	psychological concerns	(TES/	UNU)

If yes, please describe:

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

CHILD PHOTO PERMISSION

(YES/NO) FBC Weekday Preschool can use photos taken of my child at FBC Weekday Preschool in <u>private</u> classroom social media pages and messages. (No identifying information will be given.)

(YES / NO) FBC Weekday Preschool can use photos taken of my child at FBC Weekday Preschool on the public preschool social media pages, church website, newspapers, brochures, magazines or other publicity materials. (No identifying information will be given.)

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.

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.

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.

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

Child's Name

Parental Agreement with FBC Weekday Preschool

Please initial in the box beside each statement showing that you agree, understand, 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.

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- 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, 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 that 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.



• I understand that all children must be able to participate fully in our curriculum, without distracting other learners.

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• 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.



 I understand that children in the three and four year old classes <u>must</u> be <u>reliably potty-</u> <u>trained</u>. Our facilities are not equipped for diaper changing in these classrooms.



• 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, we are not licensed by Bright from the Start and are not required by the state to be licensed.

Parent/Guardian Signature:	Date:	
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First Baptist Church Weekday Preschool 2025–2026 Policies and Procedures

Child's Name

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

TUITION

- All fees and tuition are due by the 1st of each month.
- No refunds will be granted for any reason.
- 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 reenroll my child/children during the same school year there will be a \$50 program reentry 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. If closures happen for an extended period, we may resume school sooner than the public schools if our facility has power and can be appropriately staffed. You will be notified via email, text and social media if this is the case. Additionally the preschool is closed some days that Bulloch County Schools are not. Notice of closings will be posted in advance whenever possible.

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 2025-2026 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_

Please read and keep pages 8-11 for your information.

HOURS OF OPERATION

Preschool Hours 8:30-12:00 *Drop off 8:30-8:45 *Pick Up 11:45-12:00 Early Care Option 8:00-8:30

DAILY AND WEEKLY ITEMS NEEDED

- A healthy snack and juice or a cup with a lid for water daily. DO NOT send whole grapes, nuts, carrots, popcorn, candy, soda, hot dogs or fruit/applesauce pouches <u>that have a small</u> <u>round, removeable top</u>
- <u>All ages</u> 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. (Infants, ones and twos classes only. No pull-ups are allowed in the three and four year old classes.)
- 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 baby wipes <u>OR</u>1 pack of Lysol/Clorox wipes
- 1 bottle of Purell "Foodservice Sanitizer" spray OR Clorox "Anywhere" spray
- 1 box of tissues

PRESCHOOL CALENDAR/HOLIDAYS

August 7	Open House
August 11/12	First Day of School
September 1 & 2	Labor Day/Teacher Professional Development
October 13-17	Fall Break
November 24-28	Thanksgiving Break
December 22-January 1	Christmas Break
January 2 & 5	Teacher Work Days
January 19	MLK, Jr. Holiday
February 13-17	Winter Break/Teacher Work Day
March 16	Professional Development Day
April 6-10	Spring Break
May 14	FBCWP Pre-K Graduation
May 14-15	Last Day of School

Any time the Bulloch County School System closes due to professional days, weather, etc., FBCWP will also be closed. If closures happen for an extended period, we may resume school sooner than the public schools if our facility has power and can be appropriately staffed. You will be notified via email, text and social media if this is the case.

Additionally, the preschool is closed some days that Bulloch County Schools are not. Notice of closings will be posted in advance whenever possible.

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,

Shley Phillips

Ashley Phillips FBC Weekday Preschool Director