

3 year Pre-K Program

Children must be 3 years old by September 1st of current school year and COMPLETELY potty trained per our license with Georgia's Bright

Ringgold First Baptist Pre-K and Learning Center
7611 Nashville Street
Ringgold, GA 30736
706-935-6501
prek@ringgoldfbc.net

"Serving children ages 2-5 years old since 1969"

Registration Form for the 20__ 20__ school year.

Child's Legal Name: _____

Nickname: _____ Date of Birth: _____ Age: _____ Male () Female ()

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellphone #: _____

First Parent/Guardian Name: _____

Address (If different from child): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Employer Name & Physical Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Second Parent/Guardian Name: _____

Address (if different from the child): _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Employer Name & Physical Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Marital Status: () Married () Single () Widow(er) () Separated* () Divorced*

*If Divorced/Separated, who has legal custody of child? _____

* May non-custodial parent pick-up the child? () Yes () No () Other/Details: _____

If non-custodial parent MAY NOT pick-up child, documentation from the court is required for our files.

Child's Living Arrangements: () Both Parents () Mother () Father () other: _____

Child may be released to the parent/guardian signing this agreement or to the following: *

The staff will check the physical address as listed with a picture I.D. of the person that the child may be released to.

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**

1. Name: _____ Phone#: _____

Relationship: _____ Physical Address (as appears on ID): _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone#: _____

Relationship: _____ Physical Address (as appears on ID): _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone#: _____

Relationship: _____ Physical Address (as appears on ID): _____

City: _____ State: _____ Zip: _____

Persons to contact in the event of an emergency when parents/guardians cannot be reached: *The child may also be released to the following with the required picture ID.

1. Name: _____ Phone#: _____

Relationship: _____ Physical Address (as appears on ID): _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone#: _____

Relationship: _____ Physical Address (as appears on ID): _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone#: _____

Relationship: _____ Physical Address (as appears on ID): _____

City: _____ State: _____ Zip: _____

Emergency Transportation Authorization: In the event of an emergency I give the Ringgold First Baptist Pre-k and Learning Center Staff and the Catoosa County EMS my permission to evacuate or transport my child from the property of First Baptist Church of Ringgold.

Parent Signature: _____ Date: _____

Special Instructions: _____

Child's Medical and Health Information *All information MUST be filled out completely

Child's Primary Physician/Pediatrician: _____

Address: _____ City: _____ State: _____

Phone #: _____ Alt. Phone#: _____

Preferred Hospital: _____

My Child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's need while at the center: _____

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Other Allergies/Medical Problems: _____

Status of toilet training: () Training in Progress () Fully Trained *Children MUST be completely potty trained to participate in our licensed 3-4 year old classrooms.

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize Ringgold First Baptist Pre-K and Learning Center Staff to contact me immediately at (phone #) _____ should my child: _____ D.O.B. _____ become ill, injured, or has an emergency while my child is in their care. In the event the parents (legal guardians) cannot be reached, the Pre-k and Learning Center Staff shall be authorized to secure and consent to such medical attention, treatment and services for my child as deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept my consent as if given by me in person. I agree to assume all responsibility for payment of all medical cost incurred and will not hold First Baptist Church of Ringgold, Ringgold First Baptist Pre-K and Learning Center, its pastors, employees, agents, and volunteer workers responsible or liable for any emergency, mishap, accident, or illness that may occur while my child is in their care. I also release First Baptist Church of Ringgold, Ringgold First Baptist Pre-K and Learning Center, its pastors, employees, agents, and volunteer workers of any and all liability in connection to the authorization of medical treatment.

Parent/Guardian signature: _____ Date: _____

Permission for Photographs

() I DO () I DO NOT give my permission for my child to be photographed within Ringgold First Baptist Pre-K and Learning Center. *Pictures taken on our premises or while attending a fieldtrip are used for memory books and the SEESAW app to communicate with our parents/guardians.

Parent/Guardian Signature: _____ Date: _____

Notes: _____

Child's Name: _____

() 3-4 year old class () 4-5 year old class

*Classroom placements are based on the child's age as of September 1st.

Enrollment Preferences

Number of Mornings & Afternoons per week for enrollment:

() 3 Mornings per Week (Tues, Wed, & Fri.) 8:00a.m. – 12:00p.m. \$230.00 per month

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**

() 5 Mornings per Week 8:00a.m. – 12:00p.m. \$250.00 per month

() 3 Full Days per Week (Tues, Wed, & Fri.) 7:15a.m. – 4:15p.m. \$420.00 per month

() 5 Full Days per Week 7:15a.m. – 4:15p.m. \$450.00 per month

*Early Arrival Only 7:15a.m. An additional \$25.00 per month

**Occasional Full Day care is available upon request at an additional \$5.00 per hour beginning at 12noon.

Registration Fee \$75.00 per year (non-refundable) due at the time of registration

Signature of Parent/Guardian: _____ Date: _____

***Please make sure that the registration form is filled out completely, please DO NOT leave blank spaces (N/A may be used where necessary).**

****Parent Agreement is to be signed, dated, and returned with the Registration Form.**

Phone Message System

Ringgold First Baptist Pre-K and Learning Center is enrolled in a phone messaging system. In the event of a Center message or an emergency school closing we will call and send a message to everyone enrolled with our One Call Now messaging system. However, our center follows the same inclement weather closings as Catoosa County Schools, so continue to listen to radio or TV for those closings. Please list name and number to be entered for future messages.

Name: _____ Phone#: _____

Name: _____ Phone#: _____

OFFICE USE ONLY

Date Registration Received: _____ Entrance Date: _____ Teacher: _____

Registration Fee: \$ _____ Check Number/Cash: _____ Date Paid: _____

****All information must be given with COMPLETE physical and/or mailing addresses AND phone numbers (i.e. street name and number, city, state, and zip code).**