



A Certified School of Excellence

By: The Noonday Baptist Association  
Church Weekday Preschool

**2020-2021**  
**REGISTRATION**  
**PACKET**

One Mission Point  
Canton, GA 30114  
678-880-1327

<http://cantonfirstbaptist.org>

MPP is a ministry of Canton First Baptist



# Registration Procedure

Thank you for choosing Mission Point Preschool. We are thrilled to have you join us for the 2020-2021 school year!

To register your child for preschool, a completed registration form and the full registration fee must be submitted to the school office. Children should register for the class that corresponds with their age as of September 1, 2020.

**Registration fees are non-refundable and not subject to any discounts.** Activity fees are due on the first day of school. Tuition payments are due on the first of each month beginning Sept. 1, 2020 and ending on May 1, 2021.

Should you have any questions about the school, the registration process or the classes offered, we encourage you to call our office at 678-880-1327.

## 2020-2021 Tuition Rates

Class	Days	Age (*)	Registration	Tuition (*)	Activity Fee
PMO	2 days – T/TH (9:00-1:00)	(12-23 mos)	\$200	\$200	\$25
2-Year-Old	2 days – T/TH (9:00-1:00)	2	\$200	\$200	\$25
2-Year-Old	3 days – T/W/TH (9:00-1:00)	2	\$230	\$230	\$25
3-Year-Old	3 days – T/W/TH (9:00-1:00)	3	\$230	\$230	\$25
3-Year-Old	4 days – M/T/W/TH (9:00-1:00)	3	\$245	\$245	\$25
Pre-K	4 days – M/T/W/TH (9:00-1:00)	4	\$245	\$245	\$50
Trans-K	4 days – M/T/W/TH (9:00-1:00)	4-5	\$245	\$245	\$75

\* All ages are as of Sept. 1, 2020

\* Discounts: Multi-child families – 5% on youngest child's tuition

\* Church Members – 10% on tuition

\* Free Registration for 2<sup>nd</sup> Child

Mission Point Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate based on race, color or national and ethnic origin in administration of its educational and admission policies or other school administered programs.

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M / F Primary Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Religion: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
Member at FBC Canton: Yes / No Last Preschool Attended: \_\_\_\_\_  
Student Lives With: Both Parents / Mother / Father / Other \_\_\_\_\_

If student does not live with both parents, please list address and phone numbers for both below:

Father's Address/Phone: \_\_\_\_\_ / \_\_\_\_\_  
Mother's Address/Phone: \_\_\_\_\_ / \_\_\_\_\_

Do any court ordered restrictions apply? Yes / No (If yes, please provide documentation)

**Family Information:**

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Siblings: Yes / No (If yes, please list name, age and gender below)

Name	Age	Gender	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**People Authorized to Pick Up My Child:**

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Emergency Information:**

In case of an emergency, please indicate who MPP should call and in what order:

Name Relationship Contact Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Child's Physician / Phone #: \_\_\_\_\_ / \_\_\_\_\_

In the event of an accident, serious injury, or illness, I request that the school contact me or one of my emergency contacts. If the school is unable to reach me, I authorize the school to seek appropriate medical attention and make whatever arrangements are necessary.

Parent's Signature: \_\_\_\_\_

**Medical Information:**

Does your child have any allergies? Yes / No (If yes, please list them below)

\_\_\_\_\_

Does your child currently take any medication that would need to be administered during the school day on a regular basis? Yes / No (If yes, please explain below)

\_\_\_\_\_

Does your child have any illness, physical or mental disability, hearing loss or difficulties, or vision difficulties that you would like the school to know about in order to better care for your child? Yes / No (If yes, please explain below)

\_\_\_\_\_

Have you noticed any developmental delays in your child that you are concerned about? (Speech/language, motor skills – fine or gross, social interaction, sensory issues, etc.)

\_\_\_\_\_

**I am registering my child for:**

- PMO (12-23 mths) – T and TH
- 2-year-old – 2 days - T and TH
- 2-year-old – 3 days - T, W and TH
- 3-year-old – 3 days - T, W and TH
- 3-year-old – 4 days - M, T, W and TH
- Pre-K – M, T, W and TH
- Trans-K- M, T, W and TH

**Certification:**

I certify that, to the best of my knowledge, all information provided by me in this registration form is true and accurate. I also understand that the registration fee is due at the time of registration and that it is non-refundable.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Online Payment Information:**

Use the following QR code to access an online portal. Payments for registration, tuition and other fees can be made conveniently and safely.



For online us you may use this URL code.

[https://www.eservicepayments.com/cgi-bin/Vanco\\_ver3.vps?appver3=wWsk24ZWJSTZKsGd1RMKlq0BDvsSG3VIWQCPJNNxD8upkiY7JIDavDsozUE7KG0nFx2NSo8LdUKGuGuF396vbTtTKE7IOzqTkirzdBqZG66XHubq5Z7ap5JVmPErc4ZeYHCKCZhESjGNQmZ5B-6dx1Ela2HQtAlw0dRfTMF7zlk=&ver=3](https://www.eservicepayments.com/cgi-bin/Vanco_ver3.vps?appver3=wWsk24ZWJSTZKsGd1RMKlq0BDvsSG3VIWQCPJNNxD8upkiY7JIDavDsozUE7KG0nFx2NSo8LdUKGuGuF396vbTtTKE7IOzqTkirzdBqZG66XHubq5Z7ap5JVmPErc4ZeYHCKCZhESjGNQmZ5B-6dx1Ela2HQtAlw0dRfTMF7zlk=&ver=3)

**Office Use Only**

Family Classification:     New                       Current

Registration Fee:            Amount \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid \_\_\_\_\_

Activity Fee:                Amount \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid \_\_\_\_\_

Discounts:                 Church Member  Additional Child  Employee      Final Tuition \_\_\_\_\_

## **Acknowledgement and Consent Form**

Please initial each item below to indicate that you are aware of our school policies.

           **Immunization Form 3231 will be due on the first day of school (8/17-18).**

A completed Georgia Department of Community Health Form 3231 (Certificate of Immunization) must be submitted on the first day of school. If you elect not to immunize your child, a signed and notarized religious affidavit must be submitted to our office by the first day of school. Copies of the state approved affidavit are available in our office. **Any child who has not turned in form 3231 or an affidavit within thirty (30) days of their first day of school, may be ineligible to attend classes until forms are received in the office.**

           All students enrolling in the 3,4, and 5-year-old classes **must be potty trained.**

           Children will have lunch at school each day. Parents are required to send in a cold lunch with their child every day and it should be packaged in a lunch box. Teachers do not have access to a refrigerator or microwave for student meals.

           **Photography Consent:** MPP will take photos throughout the year of the children engaged in activities, which are used for scrapbooks, photo CD's, slideshow programs, MPP Facebook Page and school advertising. Children's names do not appear with the photos. I give MPP my permission to photograph my child throughout the year.

           **Contact Information Consent:** Your child's classroom will have organized parties throughout the year. I give MPP consent to share my contact information (name, phone # and email) with other parents planning the parties and special activities.

**Notice of Exemption:** I, \_\_\_\_\_, acknowledge that I have been informed that the church based preschool program at MPP is not required to be a state licensed child care facility thru the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent's Signature:

\_\_\_\_\_