

First Light Weekday Preschool Enrollment Packet for 2020-2021

The eligibility for a class is determined by the child's age as of September 1st of the school year.
 The availability of all classes is dependent upon sufficient enrollment.
 Classes/Age Groups may be combined based on enrollment.

Class Selection:

- ___ 4 Weeks-11 Month Old (T/Th)
- ___ 12 Month-24 Month Old (W/F)
- ___ 2-Year Old, 3-Day (T/W/Th)
- ___ 2-Year Old, 4-Day (T/W/Th/F)
- ___ 3-Year Old, 3 Day (T/W/Th)
- ___ 3-Year Old, 4-Day (T/W/Th/F)
- ___ 3-Year Old, 5-Day (M-F)
- ___ 4-Year Old, 4-Day (T/W/Th/F)
- ___ 4-Year Old, 5-Day (M-F)
- ___ Kindergarten, 5-Day (M-F)



Please Initial:

- ___ Children must be toilet trained if attending 3's-K classes.
- ___ The one time enrollment fee is **NON-REFUNDABLE** and is not 1st month's tuition.
- ___ Tuition is an annual fee divided into 9 equal payments of _____.
- ___ FLWP requires one month written notice for withdrawing from program. You are responsible for tuition during that month.

Student's Full Name _____

First Middle Last

Preferred Name _____ Date of Birth ____/____/____

Boy () Girl ()

Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary Email _____

Father's Name _____ Occupation _____

Father's Work # _____ Father's Cell # _____

Mother's Name _____ Occupation _____

Mother's Work # _____ Mother's Cell # _____

Student resides with: () Both Parents () Father () Mother () Guardian

Primary language spoken in the home _____

Other children in the family:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Are you a member of a church? Yes () No () If yes, church name _____

Did your child attend preschool last year? If so, where? _____

Has your child been tested/diagnosed with: Speech Delay _____ Hearing Delay _____ Language Delay _____

Developmental Delay _____ ADD _____ ADHD _____ Dyslexia _____ Other _____

Prescribed medication for such diagnosis _____

Explain any special medical, physical information or disabilities that the school should be aware of, including any allergies or long-term prescription medicine your child takes:

Our classes are not staffed to provide a one-on-one learning experience for your child.

EMERGENCY INFORMATION

Emergency Contact and Pick up (other than parents):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Doctor _____ Phone _____

Name of regular carpool person (3's - K) for my child will be: _____

I do not want _____ to pick up my child.

Parent or legal guardian's name printed _____

Parent or legal guardian's signature _____ Date _____

OFFICE USE ONLY: Registration Fee Paid: \$ _____ Check #: _____ Cash _____

Date _____ Initials _____

FIRST BAPTIST SNELLVILLE
2020 Medical and Photo Release

EVENT 2020-2021 First Light Weekday Preschool

Participant's Name: _____ Date of Birth: _____ Age _____

Mailing Address: _____ City: _____ Zip Code _____

E-mail: _____ Cell #: _____ Home #: _____

EMERGENCY # _____

Please supply ALL of the following information. It is in your best interest not to omit any information. It is our desire for every participant to have a successful experience.

INSURANCE COMPANY/POLICY NUMBER _____

POLICY HOLDER _____ EFFECTIVE DATE _____

INS COMPANY PHONE NUMBER _____

Physical Conditions (asthma, diabetes, etc.) _____

Does your child have any special needs, medical challenges, learning differences or dietary restrictions? _____

Allergies _____

Current Medications: _____

Operations/serious injuries in the past 5 years _____

Emergency Contact : _____ **Phone Number:** _____

MEDICAL RELEASE: I hereby consent to my participation or my child's participation in the above event and other events or scheduled activities either at or sponsored by First Baptist Snellville ("FBCS") and agree to assume all of the risks related to such participation. I understand that participation in athletic activities sponsored by FBCS involves the risk of injury.

I authorize a representative of FBCS to contact medical personnel in case of a medical emergency involving me and/or my child. I hereby give permission to medical personnel to perform x-rays, tests, or perform or provide other medical treatment deemed necessary or desirable for my care or my child's care. I give permission for administration of medication, injections and/or anesthesia and/or surgery if deemed necessary or desirable by medical personnel for my care or my child's care. I also authorize the release of the above information to assist with their decisions for my care or my child's care.

I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents, and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury or associated medical care administered to me or my child during and/or relating to or arising out of participation in this event or other events and activities either at or sponsored by FBCS.

PHOTO RELEASE: I give permission for myself and/or my child to be photographed or videoed during the above event and other events and activities either at or sponsored by FBCS. I also grant FBCS permission to publish and/or share my/the child's name, picture, portrait and/or photograph in all forms and media and in all manners, for display, publication, advertising, promotions, websites and any other lawful purposes, taken of children & adults during this event, on FBCS web site and/or other FBCS publications/media. I waive any right that I may have to inspect and/or approve the finished product(s) and I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me and/or my child related to the publication and/or sharing of the name, picture, portrait and /or photograph.

I have carefully read and I understand the forgoing release. I have the full right and power to enter into this release and I sign this release on my own free act. I understand that this is a legally binding agreement upon both me and (if applicable) my child.

Participant Signature _____ Date _____ (18 years or older)

Parent/Guardian Signature _____ Date _____ (required for participant under the age of 18 years)



FIRST LIGHT WEEKDAY PRESCHOOL

HOMESTUDY (This form goes to your child's teacher.)



Child's Full Name _____ Birth Date: _____
(Circle Name Preferred)

ALLERGIES: Name foods, medications, or other.

List serious illnesses _____

BEHAVIOR HABITS: Does child bite nails, suck fingers, have tantrums, bite other children, pinch, etc.?

SOCIAL AND PHYSICAL GROWTH: Is your child...

- 1. Right or left handed? _____
- 2. Well-coordinated? _____
- 3. Clumsy? _____
- 4. Happy _____
- 5. Domineering? _____
- 6. Good with hands _____
- 7. Excitable? _____
- 8. Restless? _____
- 9. Shy? _____
- 10. Potty-trained? _____ (Required 3's and 4's)

Does your child...

- 1. Have falling spells? _____
- 2. Talk well? _____
- 3. Wander away? _____
- 4. Have dare-devil behavior? _____
- 5. Have any unusual fears? _____

What do you feel are his/her special abilities or capabilities? _____

Is your child enrolled in special group activities? (dance, art, sports) _____

List methods of discipline used with your child. _____

In what ways do you expect our program to help your child? _____

What is the primary language spoken at home? _____

Is your family affiliated with a church in this community? If yes, which one? Attend Sunday School?

Tell us anything that might help us to work with your child to the best of our ability. _____

When your child goes to elementary school, what school district are you in or to what private school are you planning on sending your child? _____

Each year we ask our parents to come into their child's class to share a vocation, talent, hobby, culture, or just read a book. If you have something to share, please list it below. Your participation in your child's classroom is important to your child.

Times you are available to come? _____