

**ZION BAPTIST WEEKDAY PRESCHOOL
2015 - 2016 Registration Form**

Child's Full Name _____

Name Called _____

Age _____ Date of Birth _____ MALE FEMALE

Address _____

City _____ Zip Code _____ Home Phone _____

Mother's Name _____ Occupation _____

Place of Business _____ Work Phone _____

Cell Phone _____

Email _____

Father's Name _____ Occupation _____

Place of Business _____ Work Phone _____

Cell Phone _____

Email _____

Siblings Name _____ Age _____

Parent's Marital Status _____ Child lives with _____

IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY CONTACT

Name _____ Phone _____

Name _____ Phone _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD: [OTHER THAN PARENTS / GUARDIANS]

Name _____ Phone _____

Name _____ Phone _____

PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD:

Name _____ Phone _____

Name _____ Phone _____

ZION BAPTIST WEEKDAY PRESCHOOL CONSENT FOR TREATMENT

The information requested on this form must be submitted as part of the requirements for participating in the Zion Baptist Weekday Preschool Program, Covington, GA. The information will be treated in a confidential manner and utilized only in matters concerning the health and welfare of the person concerned.

MEDICAL INFORMATION

Child's Full Name _____

Prior Illnesses or Surgeries _____

Does your child have: DIABETES _____ EPILEPSY _____ ASTHMA _____ MENTAL DISORDERS _____

HEART PROBLEMS _____ OTHER _____

Do you consider your child's hearing normal? _____ Vision normal? _____ Speech normal? _____

Have any of these been treated by a doctor? _____

If so, please explain _____

Present Medical Condition _____

Allergies (Foods, Medications, Insects) _____

Present Medications & Dosages _____

Child's Physician _____ Phone _____

Other Family Physician _____ Phone _____

AUTHORIZATION FOR EMERGENCIES

- A. Permission is granted for the officials of the church (teachers) to administer first aid, to obtain the services of a licensed physician, and to arrange transportation to a medical facility in case the person named above is seriously ill or injured and requires hospitalization.
- B. Permission is also granted to the attending physician to render whatever treatment he/she deems best for the person's welfare. The individual whose signature appears below will assume the responsibility for all expenses incurred.
- C. I hereby release and discharge Zion Baptist Church of Covington, GA, its employees and officials, including volunteer chaperones for any and all liability in case of accident or any other injury which might occur to my child through administering first aid, transporting to a medical facility and I hereby release said aforementioned officials from any liability because of any injury or damage which might occur.

INFORMATION FOR INSURANCE COMPANY

Name of Insurance Company _____

Policy Number _____

Group Number _____

Parent or Legal Guardian Signature

Signature of Notary

Signed and Sealed on this date

ZION BAPTIST WEEKDAY PRESCHOOL PARENT QUESTIONNAIRE

Church Member? Y N Where _____

Does your child attend Church? Y N Where _____

Child's previous preschool experiences _____

Please tell us a little about your child's personality. (Ex- agreeable, strong willed, shy, outgoing, etc) Please note anything that may contribute to a better understanding of your child and his/her needs.

How does your child like to be comforted when hurt? _____

Does your child prefer one hand to the other? _____ If yes, which one? _____

Describe your child's status of speech _____

Zion Baptist Weekday Preschool does have not the staff or materials/equipment to provide adequate instruction for students with significant learning/emotional/or behavioral disabilities. To your knowledge, does this student have any such problem? _____ If yes, please explain _____

Is your child potty trained? _____ Children must be potty trained to attend the PreK3 or PreK4 classes.

CONDITIONS FOR POTTY TRAINING FOR PREK3 & PREK4 CHILDREN

I understand that a child entering the preschool MUST be fully toilet trained, i.e., (1) children are able to verbally communicate to the Teacher their toilet needs., (2) a child must be able to undress to go to the potty. If my child is not toilet trained, it may result in him/her not being able to enter the classroom and my Registration Fee and first month's tuition **will not be refunded.**

***CLASSES ARE FILLED ON THE FIRST COME BASIS.**

***AT TIME OF REGISTRATION, THE REGISTRATION FEE IS DUE. IT IS NON-REFUNDABLE.**

***THE AUGUST TUITION IS DUE JULY 1ST. TUITION IS PAID JULY - APRIL.**

***OUR SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES MADE AVAILABLE TO THE STUDENTS OF OUR SCHOOL.**

WITHDRAWAL: No refunds will be made for early withdrawal. Written notice is to be given to the preschool office **30 days** to avoid additional fees. In addition, I understand that all registration fees and tuition payments are non-refundable and **cannot** be transferred to another student. No refunds will be made for short or long absences.

This includes holidays, snow days, and any emergency closings.

CONSENT TO PHOTO

I give permission for my child's _____ (student's name) photograph or image to be published in print (newsletters, brochures, newspaper, etc.), video or website in conjunction with the promotion of Zion Baptist Church, Covington, GA. I understand that at no time will my child's partial or full name, or any information, be attached to any material used in production.

Parent or Legal Guardian Signature

Date

Additional Items Needed: Copy of Student's Certified Birth Certificate
Georgia Certificate of Immunization #3231 (This certificate cannot be expired)
Notarized Medical Treatment Form (This can be notarized in ZBC Office)

ZION BAPTIST WEEKDAY PRESCHOOL FINANCIAL AGREEMENT

Tuition is due the 1st of each month July through April.

The first payment is due July 1st and the last payment is due April 1st.

Checks should be made payable to Zion Weekday Preschool. It is important to put your child's name on the Memo line. Failure to do this could result in your payment not getting credited in a timely fashion.

Families with multiple children in the program need only write one check.

At this time, payments can be made in the form of cash or check only. Payments must be delivered to the church office or mailed to: Zion Weekday Preschool Attn: Robin. 7037 Hwy 212 N. Covington, GA 30016.

Teachers will NOT accept tuition from you.

Please do not place payment in child's bag or in the church offering plates.

Payments received after the 10th of each month will result in a \$20 late fee per family account.

A \$25 returned check fee will be charged for any check returned by the bank. If 2 checks are returned as insufficient in a school year, personal checks will no longer be accepted as payment for anything.

You may be assessed a \$5 late fee for every 15 minutes you are late picking up a child after 12:15.

If a holiday occurs when a payment is due, it is still your responsibility to get the payment into the church office or to the post office by the due date.

Our Staff payroll is tuition funded. Please make every effort to pay your child's tuition each month and on time for the duration of the school year. *Failure to pay your child's tuition for 2 consecutive months will result in your child being removed from the Zion Weekday Preschool roll.*

A 5% discount will be available for those who wish to pay the entire year's tuition at the beginning of the school year.

We also offer a \$10 discount per month to parents with more than one child enrolled in our program.

Please contact the financial office at 770-786-6767 if there is a financial crisis or problem so that payment arrangements can be made. **We will work with you if you communicate with us.**

We will also need an explanation in writing to place on file.

In case of withdrawal a written notice is to be given to the preschool office thirty days to avoid additional fees. All registration fees and tuition payments are non-refundable.

PreK Age Group	Days Hours: 9am - 12pm	Registration Fee	Monthly Tuition (Due the 1st of each Month)
2's	2 days (T, TH)	\$75	\$100
	3 days (T, W, TH)	\$95	\$140
3's & 4's	4 days (M - TH)	\$135	\$175