

Early Learning Center Preschool Registration Packet 2023—2024

- □ Registration Packet
 - o Child Information Form
 - o School History Form
 - Medical Release Form
 - Parent Info/ Release Forms
 - o Allergy Alert Form
 - Exemption Form

- □ Immunization Form (#3231)
 ~ (Up-to-date Forms can be printed at the ELC Office)
- □ Copy of Birth Certificate
- □ Copy of Insurance Card (Both Sides)
- □ Custody Agreement (if applicable)
- Registration Fee (\$175.00)

Please make sure all of the items above are included in your packet before it is turned in. If you have any questions, please contact the Early Learning Center Office @ 770.483.8700.

The Early Learning Center does not discriminate on the basis of race, color, national or ethnic origin.

Tuition Fees

| Class | Monthly Tuition 9:00a.m. — 1:00p.m. <mark>*Must Bring Lunch*</mark> | Monthly Tuition 9:00a.m. – 12:00p.m. |
|------------------|--|---|
| 2 Day I's (M/W) | \$170.00 | \$140.00 |
| 2 Day 2's (T/TH) | \$170.00 | \$140.00 |
| 4 Day 2's | \$230.00 | \$200.00 |
| 4 Day 3's | \$230.00 | \$200.00 |
| 5 Day 3's | \$270.00 | \$230.00 |
| 4 Day 4's | \$230.00 | *Pre-K Students will attend 9 – I P.M. Only |
| 5 Day 4's | \$270.00 | *Pre-K Students will attend 9 – I P.M. Only |

NON-REFUNDABLE Registration & Supply Fee is \$175.00

*Registration & Supply Fee is non—refundable unless a class is cancelled.

Registration & Supply Fee is due with a completed Registration Form.

Spots WILL NOT be saved until the fee has been paid.

There will be a small supply list in addition to the Registration and Supply Fee.

Supply Lists will be mailed out and due at Open House.

* Tuition is due on the 5th of every month. Tuition is divided into 10 monthly payments. The tuition payment will remain the same, even on the months with school holidays, breaks, or times of sickness.

We accept cash, check, money order or Square Card Payments. You will be charged a minimal percentage for using Square.

A 10% discount on monthly tuition is given for each additional child in the immediate family.

Child Information

| Child's Name | Birt | hdate | Sex |
|--|-----------------------------------|-----------------------|---------------------------|
| CLASS REQUESTED | | TIME: (Please Circle) |) 9:00-1:00 OR 9:00-12:00 |
| Parent's Relationship to each other: 🗆 Marrie | ed 🗆 Divorc | ed 🗆 Separate | d 🗆 Single |
| Child lives with (please check all that apply) □ Mot | ther and Father | □ Mother □ Fath | ner 🗆 Other |
| Father's Name | | | |
| Home address | | Home Phone | e |
| City | State | Z | ip |
| Occupation | Employer | | |
| Work Phone | Mobile | | |
| Mother's Name | | | |
| Home address | | Home Phone | e |
| City | State | Zip | |
| Occupation | Employer | | |
| Work Phone | Mobile . | | |
| E—mail Address of Parents: | | | |
| Family religious preference | Church | n membership | |
| List at least one local person who will be available if parents | e to assume res cannot be reac | • • • | child in an emergency |
| Name | Relation | nship to Child | |
| Address | Phone | | |
| Completed registration must include: \$175 Regis Copy of Child's Birth Certificate इं Insu ** All Registration F | rance Card, and | d an Immunization F | |

School History

| tas the student attended preschool anywhere in the past? () Yes () No If yes, what school did they attend? | |
|---|-------------------|
| Was the student allowed to re—enroll in the previous school? () Yes () No If no, please explain: | |
| Has the student ever been professionally tested for one of the following: Speech, Language Development Hearing/Vision, AD/HD, or any other? () Yes () No If yes, please discuss the results. | opment, |
| | |
| Has the student ever been enrolled in a special program or special education program (AD/HD, LI |), Speech, etc.?) |

The Early Learning Center does not provide special services for those diagnosed with AD/HD, speech and language delays, learning disabilities, etc. If students are accepted into the ELC it is the responsibility of the parent to provide such services.

Notice of Nondiscriminatory Policy

The Early Learning Center welcomes and accepts any qualified student of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school—administered programs. The Early Learning Center's employment policy is to provide equal employment opportunity for all qualified employees and applicants without regard to race, color, sex, age, national origin or disability. The Early Learning Center does require that its employees profess to be Christians and that such profession is affirmed through an active and controlling Lordship relationship with Jesus Christ.

Medical Release & Carpool Pick-Up Form 2023-2024

| Eauthorize my child, y the Early Learning Center of F | irst Baptist Church of Conyers to | to be release o the following persons: |
|---|--|--|
| Name | Phone Number | Relationship to Child |
| | | |
| | | |
| | | |
| | | |
| | Emergency Medical Care | |
| uthorize the Early Learning Cent to the following physician of his/l | er of First Baptist Conyers to ta her associates for medical care. | r emergency medical attention, I ke my child to an emergency room |
| iddress: | Hospital:State: | |
| hone:City: _ | State: | Zip Code: |
| pecial Instructions: | | |
| <u> </u> | d all treatment deemed necessar do not sign below until a Notary is | • • • |
| Signature of Parent/Guardian) | | (Date) |
| tate of Georgia, County of This instrument was acknowledged | d before me on | |
| Signature of Notary Public) | | (Notary Seal) |

Parent Text/Email Blast Information

During the school year, we may need to notify parents. We will let you know of upcoming events, school closings and/or cancellations. Please list below the best number and email address. In the event of a school wide emergency, the numbers below will be contacted first. (Name) (Text Number) (Email Address) 2. (Text Number) (Email Address) (Name) Please circle the preferred option for us to contact you. Text Message Email Promotional Release I hereby consent to the use of any videotape, photographs, slides, taping or any other visual or audio reproduction in which my child, _____ (child's name) may appear. I understand that these materials are being used for promotion of the ministry of the Early Learning Center, which includes recruitment. I release the Early Learning Center of First Baptist Church, Conyers from any liability connected with the use of my child's picture or voice recording as part of any promotional or recruitment program. Parent Signature: Release of Confidential Information

I agree to the release of the confidential information (allergies, birthdates, phone numbers, emails, etc.) in this packet for use in the classroom. I understand that some information will be posted in the classroom. I understand that ELC staff will have access to this information.

Allergy Alert

| *Ylease sign and return this form r | egardless of your child having allergies or not.* |
|--|---|
| My child, | _ is allergic to the following: |
| He/She will usually react how? | |
| Treatment for the allergic reaction is u | sually |
| Parents Phone: | |
| Emergency phone: | |
| Parent or Guardian Signature | |



Parental Notice of Exemption

| We, the parents of | have been advised |
|--|------------------------------------|
| that the Mom's Morning Out Program and Weekday | y Preschool Program at the Early |
| Learning Center of First Baptist Church, Conyers is | s not licensed. We understand that |
| this program is not required to be licensed due to it. | s exempt status. |
| | · |
| | |
| | |
| | |
| Parent Signature | Date |