



EARLY LEARNING CENTER  
first baptist church of conyers  
*Kindergarten*

Kindergarten Application  
2023–2024

- Kindergarten Student Information
- Family Information
- School History Form
- Medical Release/Pick-Up Form
- Emergency Information/ Release Forms
- Allergy Alert Form
- Exemption Form
- Tuition Contract
- Copy of Birth Certificate
- Copy of Insurance Card (Both sides)
- Form #3231 (Immunization form)
- Form #3300 (Hearing/Vision)
- Custody Agreement (if necessary)
- Registration & Application Fee (\$175)
- Book Fee (\$200) (Due June 1<sup>st</sup>)

Completed application packets will be reviewed as they are received. It is the responsibility of the applicant to ensure that all of the items listed above are completed and included in the packet.

An incomplete packet cannot be reviewed.

If your child is not currently enrolled at the ELC, you will be contacted to schedule a student placement test.



## Kindergarten Student Information

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Student's home address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Parent's Relationship to each other:  Married  Divorced  Separated  Single

Child lives with (please check all that apply):  Mother and Father  Mother  Father  Other \_\_\_\_\_

Student's ( ) Father is deceased ( ) Mother is deceased ( ) Parents are separated ( ) Parents are divorced

Are there any restrictions on the non-custodial parent? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

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\*\*\*When the custody of any child is in question, the Early Learning Center must abide by the rulings of the court. All legal papers pertaining to custody of the child must be on file in our office.\*\*\*

## Family Information

Father or Guardian:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother or Guardian:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Names of brothers and sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Family's Denomination: \_\_\_\_\_ Name of family's church: \_\_\_\_\_

## School History

Has the student ever attended First Baptist Church ELC in the past? ( ) Yes ( ) No

Was student enrolled in pre-K last year? ( ) Yes ( ) No

If yes, what school did they attend? \_\_\_\_\_

Address of previous school: \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

Has the student ever been enrolled in a special program or special education program (AD/HD, LD, speech, etc.)? \_\_\_\_\_

\_\_\_\_\_

Has the student had behavioral problems? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\*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

I authorize my child, \_\_\_\_\_, to be released by the Early Learning Center of First Baptist Church of Conyers to the following persons:

Name	Phone Number	Relationship to Child

### Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Early Learning Center of First Baptist Conyers to take my child to an emergency room or to the following physician of his/her associates for medical care.

Dr. \_\_\_\_\_ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I give consent for any and all treatment deemed necessary by the attending physician.

**\*Please do not sign below until a Notary is present.\***

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

State of Georgia, County of \_\_\_\_\_

This instrument was acknowledged 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.

1. \_\_\_\_\_  
(Name) (Text Number) (Email Address)
2. \_\_\_\_\_  
(Name) (Text Number) (Email Address)

Please circle the preferred option for us to contact you.

Email

Text Message

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

## 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

My child, \_\_\_\_\_ is allergic to the following:

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He/She will usually react how? \_\_\_\_\_

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Treatment for the allergic reaction is usually \_\_\_\_\_

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Parents Phone: \_\_\_\_\_

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Emergency phone: \_\_\_\_\_

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Parent or Guardian Signature \_\_\_\_\_

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## Parental Notice of Exemption

We, the parents of \_\_\_\_\_ have been advised that the Weekday Program at the Early Learning Center of First Baptist Church of Conyers is not licensed. We understand that this program is not required to be licensed due to its exempt status.

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

\_\_\_\_\_  
Date



## First Baptist Church of Conyers Kindergarten School Tuition Contract

1. I/We, the undersigned, agree to this tuition contract for the 2023–2024 school year.
2. I/We, the undersigned, agree to pay tuition and fees in accordance with the tuition and fee schedule for the 2023–2024 school year.
3. I/We, the undersigned, agree to pay any other charges legitimately assessed by the school.
4. I/We, the undersigned, understand and agree to the following conditions:
  - a. Tuition commitment is for the entire school year (10 months).
  - b. Tuition is due by the 5<sup>th</sup> day of each month (August–May).
  - c. A late fee of \$5 will be assessed on all outstanding balances on the 10<sup>th</sup> of every month.
  - d. Student accounts will be reviewed on the 10<sup>th</sup> of every month. All students with delinquent accounts will be afforded the opportunity to bring the account current by the 28<sup>th</sup> of the month. The student may be dismissed if his/her financial account is twenty eight (28) or more days delinquent for any reason. Upon dismissal, the undersigned is still liable for the incurred tuition and/or fees.
  - e. A \$25 fee will be assessed on all returned/insufficient checks. This is in addition to any bank charges.
  - f. The Principal reserves the right at all times, for any cause considered sufficient, to suspend or dismiss the student. No refunds of tuition or fees will be given under these circumstances.

### Kindergarten Tuition and Fees Schedule:

Registration and Application Fee	\$175.00	(Non-refundable and due with application)
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Book and Technology Fee	\$200.00	(Due by June 1 <sup>st</sup> )
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\*There will be an additional supply list mailed out and due at Open House.\*

Tuition	\$350.00 /month	(August through May)
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**Discounts:** Will not be given to a second family member in Kindergarten.

\*All payments must be made by check, money order, cash, or Square.\*

\*\*You will be charged a minimal percentage for using Square. \*\*

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Signature (Parent/Guardian)

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Date

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Signature (Parent/Guardian)

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Date