

Kindergarten Application

2024-2025

- o Enrollment Agreement
- o Kindergarten Student Information
- o Family Information
- o School History Form
- o Medical Release/Pick-Up Form
- o Emergency Information/Release Forms
- o Allergy Alert Form
- o Tuition Contract
- o Copy of Birth Certificate
- o Copy of Insurance Card (Both sides)
- o Form #3231 (Immunization form)
- o Form #3300 (Hearing/Vision)
- o Custody Agreement (if necessary)
- 0 Registration & Application Fee (\$175)
- o Book Fee (\$200) (Due June 3rd)

Completed application packets will be reviewed as they are received. It is the responsibility of the applicant to ensure that all 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.

FBCC Early Learning Center Enrollment Agreement

I acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

The Early Learning Center follows our own school calendar. For weather related closings, parents will be notified by text/phone alerts and through our Class Tag App.

School hours are from 9:00 A.M. until 1:00 P.M. Students must bring a lunch daily.

New families are required to schedule a tour prior to registering. Tours are scheduled by appointment only and will take 20–30 mins. Perspective students must accompany parents for the tour. New Kindergarten students will be asked to complete an assessment for placement.

Tuition is a yearly rate paid over 10 consecutive installments from Aug. – May. Tuition is due on the 5th of every month. 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 signed tuition contract is required for Kindergarten (See page 4).

Kindergarten students needing to withdraw must provide a 30-day written notice to the Director.

REGISTRATION REQUIREMENTS:

- I. Registration Packet (Including Enrollment Agreement)
- 2. Registration & Supply Fee NON-REFUNDABLE Registration & Supply Fee is \$175.00 Registration & Supply Fee is non-refundable unless a class is cancelled. Spots WILL NOT be saved until the fee has been paid.
- 3. Current Immunization FORM 3231
- 4. Copy of Birth Certificate
- 5. BOOK FEE \$200 (Due June 3rd)
- 6. FORM 3300 (Ear, Eye, & Dental Form)

Please Note

- Each new student will be admitted on a probationary basis for 30 days. The ELC reserves the right to unenroll students should we not be the best fit for the child.
- New Kindergarten students will be asked to complete an assessment for placement purposes.
- The ELC makes every effort to serve all children, however, we may lack the necessary resources to accommodate children with special needs.
- There will be a small supply list in addition to the Registration and Supply Fee. Supply Lists will be mailed out and are due at Open House.

I understand and agree to the above policies, registration requirements, and tuition/fees.

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

| r arent Signature: Vate: | 'arent Signature: | Date: |
|--------------------------|-------------------|-------|
|--------------------------|-------------------|-------|

First Baptist Church of Conyers Kindergarten School Tuition Contract

- I. I/We, the undersigned, agree to this tuition contract for the 2024–2025 school year.
- 2. I/We, the undersigned, agree to pay tuition and fees in accordance with the tuition and fee schedule for the 2024–2025 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 5th day of each month (August-May).
 - c. A late fee of \$5 will be assessed on all outstanding balances on the 10th of every month.
 - d. Student accounts will be reviewed on the 10th of every month. All students with delinquent accounts will be afforded the opportunity to bring the account current by the 28th 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) |
|----------------------------------|------------------------|--|
| Book and Technology Fee | \$200.00 | (Due by June 3 rd) |
| *There will be an ad | ditional supply list m | nailed out and due at Open House.* |
| Tuition | \$350.00 /month | (August through May) |
| Discounts: Will not be | e given to a second f | ² amily member in Kindergarten. |
| *All payments mus | t be made by check | , money order, cash, or Square.* |

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

Signature (Parent/Guardian)

Date

Signature (Parent/Guardian)

Date



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 | \Box Divorced \Box Separated \Box Single |
| Child lives with (please check all that apply): \Box Mother an | d Father \Box Mother \Box Father \Box 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: | |

***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. ***

Eamily Information

| First: | Middle | | 1 act | |
|---|-------------|--------------|-------------|--------|
| Occupation: | | | | |
| Work Phone: | | | 1 | |
| E-mail: | | | | _ |
| Mother or Guardian: | | | | |
| <u>L'idiner or ovardian</u> | | | | |
| First: | Middle: | | Last: | |
| Occupation: | | _Employer: | | |
| Work Phone: | Cell Phone: | | | _ |
| E-mail: | | | | _ |
| | | | | |
| Names of brothers and sisters: Name: | | Ace: | | School |
| Name: | | 0 | | |
| Name: | | 0 | | |
| | | | | |
| Family's Denomination: | | _Name of fan | nily's chur | ch: |

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: _____

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 rela-tionship with Jesus Christ.

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Medical Release & Carpool Pick—Up Form 2024—2025

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: | 1 | | | |
| 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)

| Stated | ъf | Georgia | a, Cour | itv o | F | | | | |
|--------|----|---------|---------|-------|---|---|----|---|--|
| | | U | | 1 | | 1 | 11 | 0 | |

This instrument was acknowledged before me on _____

(Signature of Notary Public)

(Notary Seal)

(Date)

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) |
|--------|---|-----------------|
| (Name) | (Text Number) | (Email Address) |
| | the preferred option for us to nail 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: |
|---------------------|-------|
| | |

Allergy Alert

| My child, | is allergic to the following: |
|--|-------------------------------|
| He/She will usually react how? | |
| Treatment for the allergic reaction is | s usually |
| Parents Phone: | |
| Emergency phone: | |
| | |