

Early Learning Center Enrollment Form 2024-2025



EARLY LEARNING CENTER

first baptist church of conyers

Preschool

Early Learning Center Preschool Registration Packet 2024-2025

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| <ul style="list-style-type: none"><input type="checkbox"/> Registration Packet<ul style="list-style-type: none"><input type="radio"/> Enrollment Agreement<input type="radio"/> Child Information Form<input type="radio"/> School History Form<input type="radio"/> Medical Release Form<input type="radio"/> Parent Info/ Release Form<input type="radio"/> Allergy Alert Form | <ul style="list-style-type: none"><input type="checkbox"/> Immunization Form (#3231)
<small>~ (Up-to-date Forms can be printed at the ELC Office)</small><input type="checkbox"/> Copy of Birth Certificate<input type="checkbox"/> Copy of Insurance Card (Both Sides)<input type="checkbox"/> Custody Agreement (if applicable)<input type="checkbox"/> 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.

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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. (3 & under can leave at 12:00 before lunch). Students staying until 1:00 P.M. 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.

Tuition Fees

Class	Monthly Tuition 9:00a.m. - 1:00p.m. *Must Bring Lunch*	Monthly Tuition 9:00a.m. - 12:00p.m.
2 Day 1'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
3 Day 3's	\$220.00	\$190.00
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 - 1 P.M. Only
5 Day 4's	\$270.00	*Pre-K Students will attend 9 - 1 P.M. Only

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.

Any student needing to withdraw must provide a 30-day written notice to the Director.

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

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REGISTRATION REQUIREMENTS:

1. 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

Please Note

- Children enrolled in 3 & 4 year old classes, must be COMPLETELY potty trained.
- 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 Pre-K students may 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.

Parent Signature: _____ Date: _____

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Child Information

Child's Name _____ Birthdate _____ Sex _____

CLASS REQUESTED _____ TIME: (Please Circle) 9:00-1:00 OR 9:00-12:00

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

Child lives with (please check all that apply) Mother and Father Mother Father Other _____

Father's Name _____

Home address _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____

Mother's Name _____

Home address _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Mobile _____

E-mail Address of Parents: _____

Family religious preference _____ Church membership _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to Child _____

Address _____ Phone _____

Completed registration must include: \$175 Registration and Supply Fee, Completed Registration Packet, Copy of Child's Birth Certificate & Insurance Card, and an Immunization Form (#3231).

**** All Registration Fees Are Non-Refundable ****

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School History

Has 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.

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

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.

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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: _____

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)

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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: _____

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Allergy Alert

Please sign and return this form regardless 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 usually _____

Parents Phone: _____

Emergency phone: _____

Parent or Guardian Signature _____