



Registration for Fall 2014

We thank you for the opportunity to be a part of your child's development.
We look forward to seeing your child in the Fall of 2014

- Current students will have a seat reserved in their advancing class until May 1st.
- Registration will be opened to the public after May 1st. Any current student that does not have their registration fee and forms submitted will no longer have a seat reserved.
- If your child **is** enrolled in our Summer Camp, for a minimum of 1 session, **half (1/2) of the registration fee is due WITH the registration form.** The balance will be due no later than August 1st to continue to reserve the child's seat.
- If your child **IS NOT** enrolled in our Summer Camp for a minimum of 1 session, whole registration fees **AND** forms are due together.
- We are starting our next school year on August 18th. We are prorating the month of August to one half (1/2) of the students regular tuition and it will be due before the first day of school, August 18th.
- Please submit all registration fees and forms to the office, not the teachers.

Pat Eaton
Playschool Director

FIRST BAPTIST CHURCH, ELKIN NC
PLAY SCHOOL PROGRAM
2014
REGISTRATION FORM

* Age as of Aug. 31, 2014 _____

Child's Name _____ Date of Birth _____

Name child goes by _____

Parent's Names: _____

Address _____

Home Phone _____ Business Phone _____

Brothers/Sisters Names & Ages _____

Medical History (past illnesses, surgery, allergies, present medical and physical problems, etc)

Special Likes: _____

Fears or Dislikes _____

Is there anything else we should know about your child? _____

Doctor - Address - Phone _____

Dentist - Address - Phone _____

Hospital Preference _____

Name-Address - Phone # of an adult other than the parents to contact in case of illness or
emergency if parents cannot be reached _____

_____ will attend the Preschool program on

(Child's Name)

0-3 years old : MWF _____ T TH _____ M-F _____

4 year old: MWF Pre K _____ M - F Pre K _____

(NO 2 day option for 4 year olds) Yes or NO - Is your child on a waiting list for public school?

REGISTRATION FEES

Pre K class (MWF)	\$145
Pre K & total 5 days	\$155
MWF 3 yrs & under	\$115
5 Days 3 yrs & under	\$125
2 Days (Tue & Thu)	\$110

TUITION FEES

Pre K (MWF)	\$150
Pre K (5 days)	\$195
MWF 3yrs & under	\$135
5 days 3 yrs & under	\$195
2 days (Tue & Thu)	\$110

- Families with **two children** enrolled can take a 10% discount monthly on the youngest child. There will be NO discounts on registration fees or prorated months.
- **Tuition is due by the 10th.** Tuition will not be adjusted for closings or days missed by an individual child. Missed days cannot be "made up."
- "Drop-in" charge is \$20/day per child, payable upon arrival.
- **Checks** should be made **payable** to FBC Elkin Playschool.
- If paying after the 10th, a **late payment** charge of \$10 is due with tuition.
- **If payment is late for two months, your child will not be allowed to return until your account is paid.**
- **REGISTRATION FEES MUST BE PAID WITH THE APPLICATION** to reserve your child's spot. If your child is enrolled in the summer program for a minimum of 1 session, one half (1/2) of the registration fee is due with registration form and remaining will be due August 1st.
- A 2 week notice is **MANDATORY** for withdrawal from the program to avoid a full month tuition charge.

**FIRST BAPTIST CHURCH, ELKIN NC
PLAYSCHOOL PROGRAM
PERMISSION AUTHORIZATIONS**

MEDICAL RELEASE

Child's Name _____

Address _____

Birth date _____ Phone _____

Emergency person and phone _____

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

PICK-UP

I, _____ give _____

(parent or guardian)

My permission to pick up my child(ren), _____

(child's name)

Signature _____ Date _____

FIRST BAPTIST CHURCH, ELKIN NC
PLAYSCHOOL PROGRAM

IMMUNIZATION FORM

Date _____

_____ is up to date on all immunizations.
(Child's Name)

(Physician's Signature)

(Date)

(date of last tetanus shot)

This is mandatory to renew ever school year.
Form is due by 1st day of school.

We do not want a copy of your child's shot records. We only need your child's physician's signature stating your child is able to participate in this public setting.