

Concord Baptist Church Weekday Preschool  
 6905 Concord Road Cumming, GA 30028  
 770-886-9230 [www.cbccumming.org](http://www.cbccumming.org)  
**2010-2011 Registration Packet**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Name Preferred \_\_\_\_\_ Gender \_\_\_\_\_  
 Birthday: \_\_\_\_\_ age as of 9/1/2010 \_\_\_\_\_

**Non-refundable registration fee of \$100 due at time of registration.** (Covers Books and arts and crafts supplies)

**Non-refundable activity fee of \$25 due September 1, 2010.** (covers in house events such as hallelujah hayrides, pumpkin patch, Thanksgiving Feast, Muffins for Mom, etc.)

<b>SELECT THE PROGRAM IN WHICH YOU WOULD LIKE TO ENROLL YOUR CHILD</b>				
	<b>Class</b>	<b>Days</b>	<b>Monthly Tuition</b>	<b>Multi-child discount</b>
	2 's Program 2 day	2 days /week (Monday & Wednesday)	\$135 /month	\$128.25 /month
	2's Program 2 day	2 days /week (Tuesday & Thursday)	\$135/month	\$128.25/month
	3's Program 2 day	2 days /week (Monday & Wednesday)	\$135 /month	\$128.25 /month
	3's Program 2 day	2 days/week (Tuesday & Thursday)	\$135 /month	\$128.25 /month
	3's Program 3 day	3 days/week (Monday, Tuesday, Wednesday)	\$160 /month	\$152.00 /month
	4's Program 3 day	3 days/week (Monday, Tuesday, Wednesday)	\$160/month	\$152.00/month
	4's Program 4 day	4 days/week (Monday through Thursday)	\$190/month	\$180.50/month

*Classes will be filled on a first come, first serve basis. All children will be placed in an appropriate class according to their age on September 1<sup>st</sup> of that school year. Available classes are based on enrollment. If there is not sufficient enrollment, a class may need to be canceled. Families with two or more children enrolled will receive a 5% discount on monthly fees. Concord Baptist Church Preschool reserves the right to make changes to tuition fees or classes during the school year. Children entering the 3's, and 4's must be fully potty trained by the first day of class.*

I agree to pay the monthly non-refundable tuition checked above and the non-refundable activity fee above. Tuition is collected one month in advance. September tuition will be billed and is due August 1<sup>st</sup>. I agree to pay a 10% LATE CHARGE if payment has not been made by the 10<sup>th</sup> of the previous month. There is no deduction in tuition if the center is closed due to weather condition, holidays or any other unforeseen emergency condition. A 30 day written notice is required for withdrawals. In addition, I agree to pay the \$25 activity fee that will be due on September 1, 2010. I have read and understand the agreement to all the policies and procedures.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Parent / Guardian Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ email: \_\_\_\_\_ cell: \_\_\_\_\_

Active Member of What Church: \_\_\_\_\_

Mother's name: \_\_\_\_\_  
 email \_\_\_\_\_

Home Address if different than above: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_  
 work# \_\_\_\_\_  
 cell# \_\_\_\_\_

Father's name: \_\_\_\_\_  
 email \_\_\_\_\_

Home Address if different than above: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_  
 work# \_\_\_\_\_  
 cell# \_\_\_\_\_

Additional Emergency Contact:  
 Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship: \_\_\_\_\_

Siblings: (names and ages) \_\_\_\_\_

## Medical Release Information

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Prescribed Daily Medication: \_\_\_\_\_

Time \_\_\_\_\_ Amount: \_\_\_\_\_

Dr. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event of a medical emergency, I hereby give permission to CONCORD BAPTIST CHURCH WEEKDAY PRESCHOOL to render any necessary emergency medical treatment. In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility. I will hold Concord Baptist Church Weekday Preschool and it's staff, Concord Baptist Church and it's staff, and Board of Deacons, harmless for any accident of injury that may occur to my child while attending Concord Baptist Church Weekday Preschool. Concord Baptist Church and/or Concord Baptist Church Weekday Preschool do not provide medical insurance to cover injuries or sickness.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Current Shot Record (on Form 3231) required by the beginning of the school year.**

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### *Pick-Up Release Information*

The following people have my permission to pick up my child \_\_\_\_\_ from Concord Baptist Church Weekday Preschool.

**Please Include Parent / Guardian Information as approved pick up:**

1. Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child: \_\_\_\_\_

4. Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child: \_\_\_\_\_

The following People are not allowed to pick up student: Name and Relationship

\_\_\_\_\_

I agree to inform Concord Baptist Church Preschool in writing of any changes. If someone not listed on the release form needs to pickup my child I will contact the Preschool in advance.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONCORD BAPTIST CHURCH WEEKDAY PRESCHOOL**  
**CONSENT TO ADMINISTER MEDICATION AT SCHOOL**

Revised 11/19/09

In order for school personnel to administer prescribed or over-the-counter medications such as Tylenol to a student, the following information must be on file and contain the written consent of the parent or guardian. No medication will be given by school personnel without the written consent of a parent or guardian.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

WE WILL MAKE EVERY EFFORT TO CONTACT YOU BEFORE ANY MEDICATION IS ADMINISTERED TO YOUR CHILD -----

Please select and complete info for medications approved to administer to your child.

Medication	Parent Initial
Tylenol	
Motrin/Ibuprofen	
Pepto Bismol/Tums	
Benadryl	
Nasal decongestant, sinus	
cough med	
Topical Creams (poison ivy, anti-itch, etc.)	
Triple Antibiotic Ointment (Neosporin)	

**Under NO CIRCUMSTANCES should my child receive the following medications** \_\_\_\_\_

**Special Medications Provided By Parent:**

Special Instructions and/or conditions we should be aware of. Ex inhaler, heart disease, EpiPen, etc.

Special instructions/storage for Medication \_\_\_\_\_

Special Medications Provided By Parent	Dosage	Frequency	Parent Initial

Possible side effects and action to be taken if they occur \_\_\_\_\_

Physician / Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

- Prescription medication - must be in a clearly marked container from a pharmacist. The label must show the student's name, the dosage directions, the physician / health care provider's name and the prescription number.
- Over-the-counter medication - must be in the original container labeled with the student's name and dosage directions.
- No student is permitted to carry or self-administer his or her own medication at school. Medication(s), including prescription and over-the-counter, must be delivered to the office at the start of the school day.
- Students must arrive at the front desk in a timely fashion to receive their medication.
- The parent/guardian has the sole responsibility for ensuring that prescriptions are filled or re-filled as needed.
- This form is valid for the current school year beginning with the first day of school in September.

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I give my permission for the Managing Director, Concord Baptist Church Weekday Preschool, or his/her designee to administer the prescribed medication.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Concord Baptist Church Photo Release Permission Slip**

**2010-2011 School Year**

Yes \_\_\_\_\_ No \_\_\_\_\_ I give my permission for my child's photo to be used on bulletin boards, art work, classroom activities, and used in special programs.

Yes \_\_\_\_\_ No \_\_\_\_\_ I give my permission for my child's photo to be used on the Concord Baptist Church Preschool website and church directory. The child's name will never be associated with the photo when used on the website or directory.

Student name \_\_\_\_\_

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

Date \_\_\_\_\_

**2010-2011 Parent Handbook  
Acknowledgement Receipt**

**Please sign and return by the first day of school.**

I have read the Parent Handbook for Concord Baptist Church Weekday Preschool located on the Concord Baptist Church Weekday Preschool website. I understand this handbook lists policies for the operation of the Preschool program. I agree to abide by the policies and procedures mentioned in the Parent Handbook. Should I have any questions about these policies, I can contact the Preschool office at 770-886-9230.

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Print Student Name and age class

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

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

**EDUCATION INFORMATION**  
(New students only)

1. Please list any preschools / daycares attended in the past and any classes that the applicant has repeated.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant ever been diagnosed or had reason for concern with any learning, social, physical, or emotional disorder that may affect activities and progress? ( ) Yes ( ) No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

3. Has the applicant ever been suspended, expelled, or withdrawn from school for any reason? ( ) Yes ( ) No If yes, please explain in full detail, including name of school, year, situation, etc.

\_\_\_\_\_  
\_\_\_\_\_

4. Please describe ANY conduct or discipline problems that the applicant has ever had.

\_\_\_\_\_  
\_\_\_\_\_

***Steps in Application Process:***

1. Submit application with these required documents:
  - Conduct/Disciplinary Reports from schools attended in the last three years (if applicable & new student)
  - Teacher Assessment Form Completed and Received (if applicable & new student)
  - Legal documentation of guardianship or custody arrangements (if applicable & new student)
2. Submit registration fee of \$100.00.
3. Upon approval of application, interview between school representatives and prospective family.
4. Shot Records (needed when preschool starts)
5. Follow up as needed.

Applicant will be notified of acceptance decision by letter or phone.