



# First Baptist Church of Jasper Preschool Application

198 East Church Street  
Jasper, GA 30143  
Phone (706) 253-5017  
preschool@fbcjasper.com

2020-2021 Monthly Rates	
REGISTRATION FEE (ONE-TIME)	\$ 75.00
ACTIVITIES FEE (ONE-TIME)	\$ 35.00
<b>18 months-2 Years (Monday/Wednesday or Tuesday/Thursday)</b>	
	2 Days - \$130.00
<b>2.5-3 Years</b>	
	2 Days (T/TH) - \$130.00
	3 Days (M/W/F) - \$190.00
<b>3 Years</b>	4 Days (M-TH) - \$220.00
<b>Pre-K</b>	5 Days - \$240.00
<b>Kindergarten</b>	5 Days - \$290.00
<b>Lunch Bunch (Pre-K &amp; K Only)</b>	
	5 Days - \$65.00    2 Days - \$40.00

## STUDENT INFORMATION

Child's name: \_\_\_\_\_ Age as of September 1, 2020: \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Date of birth: \_\_\_\_\_

GENDER:  M  F Preferred Class/Days of Attendance: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Child's Physician and Phone Number: \_\_\_\_\_

REGISTRATION FEE PAID       ACTIVITIES FEE PAID       IMMUNIZATION FORM IN

Amount: \$ \_\_\_\_\_ Type: \_\_\_\_\_      Amount: \$ \_\_\_\_\_ Type: \_\_\_\_\_

### MAILING ADDRESS

### PHYSICAL ADDRESS

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

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

HOME PHONE NUMBER: \_\_\_\_\_

CELL NUMBER(S) Mother: \_\_\_\_\_ Father: \_\_\_\_\_

EMAIL ADDRESS(ES) Mother: \_\_\_\_\_ Father: \_\_\_\_\_

## PARENT INFORMATION

### MOTHER

### FATHER

Name \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Child lives with \_\_\_\_\_

Name(s) & age(s) of siblings: \_\_\_\_\_

\_\_\_\_\_

**2020-2021 Student Application**

LEGAL GUARDIAN (*IF NOT MOTHER OR FATHER*)

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH INFORMATION\***

\*ALL CHILDREN ENROLLED IN OUR PROGRAM MUST HAVE THE STATE REQUIRED CERTIFICATE OF IMMUNIZATION (**GA FORM 3231**) OR A NOTARIZED AFFADAVIT OF OBJECTION BEFORE THEY CAN ATTEND SCHOOL.

My child has the following special need(s) or has been diagnosed with:

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My child has the following pre-existing illnesses, or health concerns:

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Please give any additional information that you feel would help our staff:

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**EMERGENCY CONTACTS**

Name and Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Name and Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

I verify the information provided on this application is correct.

\_\_\_\_\_  
**Parent/Guardian SIGNATURE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian SIGNATURE**

\_\_\_\_\_  
**Date**

2020-2021 Student Application  
**APPROVED PICK-UP LIST**

Child's name \_\_\_\_\_

The above child can only be picked up by the following people:

Name	Relationship to Student	Mobile Phone/Email Address

**EMERGENCY MEDICAL CARE**

Child's name \_\_\_\_\_

I authorize FBCJ Preschool to obtain emergency medical care  
for the above child in the event I/we cannot be reached.

**PARENT/GUARDIAN SIGNATURE**

PRINT NAME	SIGNATURE	Date
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PRINT NAME	SIGNATURE	Date
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