

First Baptist Church of Jasper Preschool Application

198 East Church Street Jasper, GA 30143 Phone (706) 253-5017

Email: preschool@fbcjasper.com Website: www.fbcjasper.com/preschool

2023-2024 Monthly Rates

REGISTRATION FEE (ONE-TIME NON-REFUNDAIBLE FEE) \$ 75.00
ACTIVITIES FEE (ONE-TIME FEE) \$ 40.00

18 months-2 Years (Monday/Wednesday or

 Tuesday/Thursday)
 2 Days - \$160.00

 2.5-3 Years
 4 Days (M-TH) - \$230.00

 3 Years
 4 Days (M-TH) - \$230.00

 Pre-K
 5 Days - \$250.00

 Kindergarten
 5 Days - \$300.00

Lunch Bunch (Pre-K & K Only)

4 Days - \$70.00 3 Days - \$60 2 Days - \$50.00

STUDENT INFORMATION

Child's name:	Age as of September 1, 2023:			
Name child goes by:	Date of birth:			
GENDER: M F Preferred Class/Da	ys of Attendance:			
Allergies: Medications:				
Child's Physician and Phone Number:				
IMMUNIZATION FORM IN For 2023 – 2024 School Year all fees and tuit Amount: \$ Type: Amount: \$	tion will be paid through our Brightwheel System			
MAILING ADDRESS	PHYSICAL ADDRESS			
HOME PHONE NUMBER:CELL NUMBER(S) Mother:	Father:			
EMAIL ADDRESS(ES) Mother:	Father:			
MOTHER Name	FATHER			
Occupation	Occupation			
Work Phone	Work Phone			
Marital Status	Marital Status			
Child lives with				
Name(s) & age(s) of siblings:				

2023-2024 Student Application

LEGAL GUARDIAN (IF NOT MOTHER OR FATHER)

Name		Occupation	Phone
		HEALTH INFORMATIO	N*
*ALL CHILDR	EN ENROLLED IN OUR PROGRAM N	NUST HAVE THE STATE REC	QUIRED CERTIFICATE OF IMMUNIZATION
(GA F	FORM 3231) OR A NOTARIZED AFF	ADAVIT OF OBJECTION BEF	ORE THEY CAN ATTEND SCHOOL.
•	•		
	My child has the follow	ing special need(s) or ha	s been diagnosed with:
	•		Ü
			o ay baalth aayaayaa
	Mly child has the follow	ving pre-existing illnesse	es, or nealth concerns:
	Please give any additiona	al information that you f	eel would help our staff:
		EMERGENCY CONTACTS	
Name	e and Relationship to Student _		Phone
	•		
Name	e and Relationship to Student		Phone
	<u>-</u>		
	Lyerify the informa	tion provided on this ap	nlication is correct
	i verny the informa	don provided on this ap	phodulon is correct.
	Parent/Guardian SIGNATURE		 Date
	raieiii/Guai uidii SiGNATURE		Date
	Parent/Guardian SIGNATURE		Date

2023-2024 Student Application APPROVED PICK-UP LIST

Child's name				
The	above child can on	ly be picked up	by the following people	2:
Name	Relationship to	Student	Mobile Phone/Email A	ddress
	EMERG	GENCY MEDICA	AL CARE	
Child's name				
l a	uthorize FBCJ Presc	hool to obtain e	mergency medical care	
f	for the above child i	n the event I/w	e cannot be reached.	
	PARENT/	GUARDIAN SI	GNATURE	
PRINT	NAME	SIGNATURE		Date
DRINT	NAME	SIGNATURE		Date