



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

2024-2025 Monthly Rates	
REGISTRATION FEE (ONE-TIME NON-REFUNDABLE FEE)	\$ 75.00
ACTIVITIES FEE (ONE-TIME FEE)	\$ 40.00
18 months-2 Years (Monday/Wednesday or Tuesday/Thursday)	
	2 Days - \$190.00
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 - \$80.00	3 Days - \$70.00
2 Days - \$60.00	

STUDENT INFORMATION

Child's name: _____ Age as of September 1, 2024: _____

Name child goes by: _____ Date of birth: _____

GENDER: M F Preferred Class/Days of Attendance: _____

Allergies: _____ Medications: _____

Child's Physician and Phone Number: _____

IMMUNIZATION FORM IN

For 2024 – 2025 School Year all fees and tuition will be paid through our Brightwheel System

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: _____

2024-2025 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:

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

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

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**

2024-2025 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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