



# 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

2026-2027 Monthly Rates	
REGISTRATION FEE (ONE-TIME NON-REFUNDABLE FEE)	\$ 75.00
ACTIVITIES FEE (ONE-TIME FEE)	\$ 50.00
<b>18 months-2 Years (Monday/Wednesday or Tuesday/Thursday)</b>	
	2 Days - \$225.00
<b>2.5-3 Years</b>	4 Days (M-TH) - \$270.00
<b>3 Years</b>	4 Days (M-TH) - \$270.00
<b>Pre-K</b>	5 Days - \$300.00
<b>Kindergarten</b>	5 Days - \$350.00
<b>Lunch Bunch (Pre-K &amp; K Only)</b>	
4 Days - \$90.00	3 Days - \$80.00
2 Days - \$70.00	

## STUDENT INFORMATION

Child's name: \_\_\_\_\_ Age as of September 1, 2026: \_\_\_\_\_

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 2026 – 2027 School Year all fees and tuition will be paid through our Brightwheel System

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

### 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:

\_\_\_\_\_

\_\_\_\_\_

**2026-2027 Student Application**

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: \_\_\_\_\_

\_\_\_\_\_

**LEGAL GUARDIAN (IF NOT MOTHER OR FATHER)**

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

**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**

2026-2027 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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