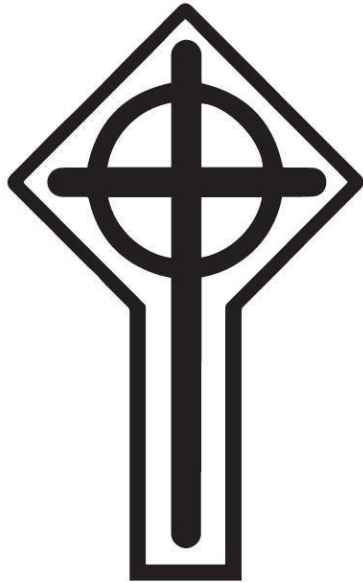


# 2023-2024 Registration Packet



Fayetteville First  
preschool

— explore. discover. grow. —

175 E. Lanier Avenue  
Fayetteville, GA 30214  
(770) 461-4313  
fayettevillefirstpreschool@gmail.com

To reserve your child's placement in a classroom, you must return these forms completed with the *non-refundable registration fee.*

**PLEASE PRINT LEGIBLY**

**Which class is your child registering for?**

(Age as of September 1, 2023)

12-17 months Mon/Wed

2-year olds – 3 days

3-year olds – 4 days

18-24 months Tues/Th

2-year olds – 4 days

4-year olds – 4 days

\*\*3-day programs are Tues, Wed, and Thurs    \*\*4-day programs are Mon to Thurs

Child's Name: \_\_\_\_\_

First

Middle

Last

Preferred Name: \_\_\_\_\_ Gender: Male Female    DOB: \_\_/\_\_/

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: GA Zip Code: \_\_\_\_\_

**Parent/Guardian Information**

Guardian 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Which contact number(s) do you wish to be used for us to give you the latest updates on pertinent preschool announcements as well as inclement weather cancellations? CIRCLE all appropriate.

**Guardian 1 Work**  
**Guardian 1 Cell**

**Guardian 2 Work**  
**Guardian 2 Cell**

**Alternate:**  
\_\_\_\_\_

**Information about your child**

Name and ages of siblings: \_\_\_\_\_

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

Is your child potty trained?\* YES NO    **\*\*Must be potty trained for 3 or 4 year old classes.**

Children must be able to use the bathroom independently, which includes: being comfortable asking or identifying when to use the restroom without reminders, pulling pants up/down, and capable of wiping independently. We understand accidents happen, but frequent or multiple accidents in a day are indications a child is not completely potty trained. Parents will be notified if their child is not regularly in control of his/her bathroom needs.

Has your child previously attended a preschool? Yes No    Where? \_\_\_\_\_

Does your child speak English? Yes No    If not, what language is spoken? \_\_\_\_\_

Please give us any specific information that would further contribute to a better understanding of your child's personal behavior. (i.e. security item, fears, etc.) \_\_\_\_\_

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

**Church Information**

Are you a member of FFUMC? YES NO

Are you an active participant at a church? YES NO    If so which church? \_\_\_\_\_

Would you like information about FFUMC? YES NO

**RELEASE AUTHORIZATIONS**

Who besides the parents/guardians listed above are authorized to pick up your child:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Contact Number \_\_\_\_\_

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Is there anyone specific that is **NOT** authorized to visit or pick up your child?

**EMERGENCY INFORMATION**

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Is this person authorized to transport your child? YES NO

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY MEDICAL CONTACT**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group/ID Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Current prescribed medications and doses: \_\_\_\_\_

Known drug allergies or reactions: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any allergies? (Specifically, skin or food allergies) YES NO

If yes, please list and describe reaction. \_\_\_\_\_

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Are there any physical limitations or past medical history that we should be aware of?

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Does your child receive any of the following services?

Speech Therapy                      YES                      NO                      Physical Therapy                      YES                      NO

Occupational Therapy                      YES                      NO                      Babies Can't Wait                      YES                      NO

**Photograph Authorization**

Pictures of your child may be taken for: **(please initial next to all that apply)**

Use within Fayetteville First Preschool, including class projects and bulletin boards.

Use on Fayetteville First Preschool website, social media, and publications.

Use on Fayetteville First United Methodist Church website, social media, and publications.

## AGREEMENT

Fayetteville First Preschool agrees to provide care from August 2023 to May 2024 and will follow the Fayette County School system calendar for holiday and weather related closures, with the exception of any additional days that Fayetteville First Preschool schedules (please refer to our school calendar for a full list of these dates).

### PLEASE READ AND INITIAL EACH OF THE FOLLOWING:

\_\_\_\_\_ **REGISTRATION FEES:** There is a registration fee of one month's tuition for all classes due at registration. I understand that this fee is *non-refundable*, does *not* apply toward any month of tuition, and is used for materials. Discounts are available for multi-children registration upon request.

\_\_\_\_\_ **CURRICULUM FEE:** Each class has a one-time curriculum fee that is due at Meet the Teacher in August. The fee is \$50. The curriculum fee is in addition to August tuition and is non-refundable.

\_\_\_\_\_ **TUITION AGREEMENT:** Tuition is prorated over 10 months starting in August and ending in May. Tuition is due on the first of each month. We accept checks or money orders made payable to Fayetteville First Preschool. Online payments are also accepted through the FFUMC website (\*an online payment fee will apply). A Late fee of \$50.00 will be added if tuition is not paid by the *fifth* of each month. Students with an unpaid balance after 30 days are subject to removal from the program.

### Registration and Tuition Fees

<u>Classes</u>	<u>Registration Fee</u>	<u>Monthly Payment</u>	<u>Yearly Tuition</u>
12-17/18-24m(2 day)	\$180	\$180	\$1,800
2 year old (3 day)	\$190	\$190	\$1,900
2 year old (4 day)	\$200	\$200	\$2,000
3 year old (4 day)	\$200	\$200	\$2,000
4 year old (4 day)	\$200	\$200	\$2,000

\_\_\_\_\_ **WITHDRAWAL:** Withdrawal of your child's enrollment requires 30 day written notice or one month's tuition payment. I understand if tuition is due during the 30-day period, I am responsible for its submission.

\_\_\_\_\_ **IMMUNIZATION FORM:** I acknowledge that my child must have the current immunization record (Form 3231) on file by the first day of school or cannot be admitted until this form is received.

\_\_\_\_\_ **EMERGENCY TRANSPORTATION:** I hereby authorize Fayetteville First Preschool to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of an emergency requiring a trip to the emergency room, my child will be transported to a hospital ER at the discretion of an EMT.

\_\_\_\_\_ **LEGAL GUARDIAN:** I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.

\_\_\_\_\_ I understand that Fayetteville First Preschool is not licensed by Bright From the Start or Georgia Department of Early Care and Learning and is not required to be licensed by the state of Georgia.

*For and in consideration of services, the Fayetteville First Preschool workers and the Fayetteville First United Methodist Church are providing for the parents and children involved, the parents do hereby relieve the Fayetteville First United Methodist Church and all workers in the Preschool programs who may be working on the day or days when said parents' children are in attendance, from any liability or fault due to any accident or illness that may occur to said children while children are in attendance for the program. Additionally, parents/guardians do hereby relieve any and all workers of the Preschool programs and any and all medical personnel of any liability in connection with medical treatment to said children in the program.*

\_\_\_\_\_  
**Parent/Guardian Signature**

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