



Eastside

Baptist **Preschool**

EASTSIDE BAPTIST PRESCHOOL

Enrollment Application

2021-2022 SCHOOL YEAR

EASTSIDE BAPTIST PRESCHOOL

314 Academy Drive Douglas, GA 31533

912-384-7606

preschool@ebcdouglas.com



Dear Parents,

We are honored to have the opportunity to provide a Christ centered preschool environment for your child. Please complete the attached documents and bring to the school office with your registration fee. Attach a copy of your child's:

- Birth Certificate
- Health Insurance Card
- Current Immunization Record

Academics are important; however, we want our children to learn that God is the provider of all things. Wisdom and knowledge come from God and our goal is to provide an educational experience that is based on Biblical Truth. Thank you for entrusting your child to us. We are excited about what the Lord is going to do in the lives of the children and families involved in our program. Please let us know if we can be of further assistance.

Celebrating God's goodness,

Jewell Ross

Director

912-384-7606 (office)

404-583-0181 (cell)

preschool@ebcdouglas.com

EASTSIDE BAPTIST PRESCHOOL TUITION FEES FOR 2021-2022

2020 – 2021 FEES		
Program	Registration (non-refundable)	Tuition
2-year-old Program	\$200.00	\$195.00
3-year-old Program	\$200.00	\$195.00
Pre-K 4-year-old Program	\$200.00	\$195.00

All classes meet 5 days a week, Monday – Friday.

2-Year-old –Children must be 2 on or before September 1 to enroll.

3-Year-old –Children must be 3 on or before September 1 to enroll and be potty trained by the start of school.

4-Year-old –Children must be 4 on or before September 1 to enroll.

Registration fee is \$200.00 This is a one time, non-refundable, annual fee.



Eastside
Baptist Preschool

Eastside Baptist Preschool Enrollment Form

GENERAL INFORMATION:

Child's Name _____ Date _____
 First Middle Last

Name Used at Home _____ Date of Birth _____ Current Age _____ Sex _____

Home Phone _____ Home Address _____

City _____ Zip _____ E-mail _____

FAMILY INFORMATION:

Child resides with: Both Parents Mom Dad Other, Please Specify Whom _____

Marital Status of Parents: Single Parent Married Living Together Separated Divorced
 Widow Widower Stepfather Stepmother

Child is Adopted: Age at Adoption _____ Does the child know he/she is adopted? _____

Parents/Guardians:

Father's First Name Middle Last

Home Address City State Zip

Home Phone Cell Phone E-mail

Place of Employment/Occupation Work Address Work Phone

Mother's First Name Middle Last

Home Address City State Zip

Home Phone Cell Phone E-mail

Place of Employment/Occupation Work Address Work Phone

FAMILY INFORMATION (Cont.)

Name of other children in family & their ages _____

Name/Relationship of other persons living in the home _____

Children's Favorite Activities _____

Child's Favorite Toys, play objects _____

What are some ways your child plays at home? _____

Favorite TV programs _____

Favorite Foods _____

Does he play well with other children? _____ How does he react when he does not get his way? _____

List methods of discipline used with your child _____

How often do you read to your child? _____

Name some fun things that you do together _____

Has your child attended preschool? If so, where? _____

Is your child:

- | | |
|---------------------------------|------------------------------|
| 1. Right or left handed? _____ | 8. Unusually fearful? _____ |
| 2. Coordinated? _____ | 9. Able to speak well? _____ |
| 3. Clumsy? _____ | 10. Excitable? _____ |
| 4. Good with their hands? _____ | 11. Restless? _____ |
| 5. Easy to fall? _____ | 12. Shy? _____ |
| 6. A dare-devil? _____ | 13. Domineering? _____ |
| 7. Impulsive? _____ | 14. Happy? _____ |

What do you feel are his special abilities or capabilities? _____

What problem does your child have that concerns you the most? _____

What is your child's attitude toward himself? _____

What are the usual hours your child naps during the day? _____ Bedtime? _____

Do you have any pets at home? _____ If yes, what kind? _____

Does your child fear any animals? _____ If yes, what kind? _____

RELIGIOUS AFFILIATION:

Church you attend _____

If no membership, give church preference _____

EMERGENCY INFORMATION:

Child's Physician _____ Phone _____

Address _____

Other persons to be notified in case of illness, accident, or emergency when parent/guardian may not be reached:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Please let the above persons know that if the staff are not familiar with that individual, the staff will ask them for identification, and/or a phone call will be made to parent/guardian to verify identity.

This child may NOT be released to the following: (due to custody arrangements, etc.)

Name/Relationship _____

Medical Information:

Does the child have any physical problems, mental health disorder, mental impairment, or developmental disabilities which would limit the child's participation in the preschool's program and activities? ____ yes ____ no

If yes, explain. _____

Does your child have any allergies? If so, please explain _____

Are there any special problems required in caring for your child? If yes, explain _____

May aspirin be given? (please initial) ____ yes ____ no May Tylenol be given? (please initial) ____ yes ____ no

Is there any over the counter medication your child can not take? Please list _____

All clinic services are administered by office personnel. The clinic will have some non-prescription medications for your child. If you prefer to bring your own non-prescription medication you may do so, but please bring it in its original labeled container stating the amount of medication that your child is to receive.

What illnesses has the child had? At what age? Measles _____ Mumps _____ Chicken Pox _____
Scarlet Fever _____ Diabetes _____ Hepatitis _____ Meningitis _____ Flu _____

Has your child experienced any of the following?

_____ Hearing loss _____ Speech difficulties _____ Operations
_____ Vision difficulties _____ Hospitalizations _____ Other illness

Explanation of any items checked above _____

The information in this questionnaire is true and complete to the best of my ability. I understand that the information provided here will be kept confidential.

Parent/Guardian Signature

PARENTAL AGREEMENT

Agreement between parent and Eastside Baptist Preschool

The following conditions involved in the care of _____ (child's name) are understood and agreed on between Eastside Baptist Preschool and _____ (parent/guardian).

The program agrees that:

1. In return for the sum which the parent agrees to pay, the program will give instruction and care to the above-named child from 8:45 a.m. – 12:00 p.m. for 5 days per week, except for closing observed by the public school system.
2. If a child has a fever, that child will not be admitted until free of a fever for 24 hours.
3. The school will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
4. In case of an accident or illness to the child, the teacher will promptly take such reasonable measures as are in the best interest of the child and will notify the parents as soon as possible.
5. The school will provide, in addition to physical care, emotional, social, mental, moral/spiritual development opportunities in a group situation.
6. The program will give written notice in the event of any exposure to a contagious disease within the group.
7. The program will not release the child to anyone other than the parent or guardian unless written permission is received from the parent or guardian.
8. The school will provide resources in sufficient quantity to allow for a variety of play and learning activities during the day.

THE PARENT AGREES THAT:

1. The parent will pay the school in advance on the first day of the months attended. A late fee of \$5.00 will be charged if payment is not received by the fifth day of each month. Please make checks payable to Eastside Baptist Preschool.
2. In case of illness or accident, when a parent cannot be contacted by the school, and if, in the judgment of the teacher the illness or accident requires a physician, Dr. _____ may be called at the parents' expense.
3. In the event that a child has a contagious illness, the parent will notify the school. The child will not be allowed to return until all danger of the contagion is gone.
4. In all emergencies the school has permission to take such reasonable measures as are in the judgment of the teacher necessary for the welfare of the child.
5. Parents are expected to participate in a conference with the child's teacher during the year if needed.
6. The school reserves the privilege of dismissing any child if, after entering, he seems unable to participate in group experiences.
7. Liability for a child's actions while under care of the school is the parent's responsibility.
8. The school is not liable for accidents or illnesses occurring to the child while under our care unless proof is presented that the accident was the direct result of the worker's negligence.

Both parties, Eastside Baptist Preschool and parent, understand and agree that:

1. This agreement is a contract binding for both operator and parent.
2. The contract may be terminated by either the parent or the program with notification of intention at least one month in advance, or at any time by mutual agreement of both parties.

Parent/Guardian Signature

Date

Authorized Signature of Director

Date

**FIELD TRIP RELEASE FORM
2021-2022 SCHOOL YEAR**

This form will be on file at the school office for the current school year. An additional Permission to Participate Form will be sent home prior to each off-campus trip.

I give permission for _____, age _____, to participate in all school-sponsored trips away from the school premises throughout the current school year. I understand that I will be given at least 48 hours' notice of all trips away from the school premises.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Eastside Baptist Preschool, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

Father/Guardian/s Signature and Date

Mother/Guardian's Signature and Date

Name Printed

Name Printed

If the child lives with both parents, the release must be signed by both parents/guardians.

_____ I would be able to help when asked by accompanying my child's group as a helper.

_____ I would be able to help at times by providing transportation for _____ number of children in my car.

PICTURE, MEDIA, AND SOCIAL MEDIA CONSENT

During the school year we have many fun and exciting learning activities. We like to document these activities with photography and video. By signing below, you give Eastside Baptist Preschool permission to use your child's pictures/video in newspapers, social media such as Facebook, school newsletters, school projects and our school website.

Parent/Guardian Signature

Date

EMAIL COMMUNICATION CONSENT

Eastside Baptist Preschool will be using email as an additional form of communication. This includes newsletters, updates, and more. Please list all email addresses that you would like to be included in our email list. By submitting these email addresses, you are consenting to receive communication from Eastside Baptist Preschool via email.

1. _____ 2. _____



Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date