

Little Crusaders

Registration Forms

These Registration forms are for all Pre-school/After-Care/Kindergarten students who desire to enroll for the coming school year.

The fees below should accompany this form:

Pre-School Ages 1-3	Kindergarten Ages 4-5
<i>Registration Fee per Family (Non-Refundable)</i> \$100.00 <i>Facility & Supply Fee per Child(Non-Refundable)</i> \$65.00	<i>Registration Fee per Family (Non-Refundable)</i> \$150.00 <i>Book Fee per Child - \$200</i> <u><i>Kindergarten Student ONLY</i></u>
Pre-School Prices 3 Days Per Week - \$65.00 4-5 Days Per Week - \$100.00	Kindergarten Tuition \$100.00 Per Week
After-care Prices \$10.00 Per Day <u>Notice:</u> FBCA Students get 50% discount \$5.00 Per Day	After-care Prices No After-care Fee

Students Name: _____ Age: _____ DOB: _____

Address: _____ (FOR STAFF to fill-in) STARTING DATE: __/__/__

Last School Attended: _____

Any Physical Difficulties: _____ Is Child right or left handed? _____

Church you now attend: _____

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

If Parent's are separated, with whom does the child reside? _____

Emergency Contacts: (other than Parents)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

(Those listed above are also authorized to pick up my child and must be identified by driver's license if is unknown by the faculty and staff. In a situation where someone not listed is picking up your child, please notify staff.)

Please state any specific or confidential instructions:

Child's Physician: _____ Phone: _____

If necessary, my child may be treated at Emergency Room: Yes: _____ No: _____

Emergency Room of preference: _____

(Normally an injured student is transported to Wayne Memorial Emergency Room in Jesup. Please specify if you have any objection to this. Students will be transported to the ER based on the judgment of our qualified staff.)

No medication is to be administered to your child, unless a medication form has been successfully completed and turned into staff.

If your Child requires medication such as an inhaler to be given while in in our care, please indicate name and dosage with other beneficial information:

State Of Cooperation

In making application for my Child to attend Faith Baptist Christian Academy's Little Crusaders Pre-school/After-care, it is my desire for him/her to complete the school year. It is also my desire that my child participate in the entire program. I also give permission for my child to take part in all activities offered, and absolve Little Crusaders Pre-School/ After-care program and Faith Baptist Church & Christian Academy, and the staff from liability to me or my child because of any injury to my child while in their care.

It is also my understanding that the Pre-School staff and School administration is hereby given full discretion regarding the discipline of my child. I understand that includes the issuing of suspension, discipline, and expulsion from the Pre-School, if necessary. I have read the Pre-School's Parent handbook and agree to cooperate fully with the Pre-school staff and administration of FBCA. I agree to abide by the guidelines set forth in the information handbook.

Parent's Signature: _____ Date: _____

(Please sign and complete this form in its entirety and return it to Pre-school staff to file in your child's school record.)

Faith Baptist Pre-School is a ministry of Faith Baptist Church & Christian Academy

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