

Little Crusaders Preschool

Registration forms

- These forms are for all Pre-school students who desire to enroll for the upcoming school year.
 - The fees below should accompany these forms:

Pre-School 3 year olds
Registration Fee per family (Non-Refundable) \$100.00
Facility & Supply Fee per Child (Non-Refundable) \$65.00
Pre-School Weekly cost: \$115.00
Please Note: You are required to reserve your child's spot <u>WEEKLY</u> regardless of absence due to sickness, vacation, etc. All Payments are due by 6:00PM every Thursday. A \$15.00 late fee will be applied to your child's account if their payment is turned in late.

Student Name: _____ Age: _____ DOB: ___/___/___

Address: _____ Starting Date: ___/___/___

Last School attended: _____

Any Physical Difficulties: _____

Is your child *Right* or *Left* handed? _____ What Church do you currently 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 parents are separated, with whom does the child reside? _____

Emergency Contacts and Pick-up List (other than Parents)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Those listed on Emergency Contacts and Pick-up (other than Parents) must be identified by driver's license. In a situation where you need someone to pick up your child and they are not listed, please notify staff so they can be added to your child's pick-up list.

Please note any specific or confidential instructions (restraining orders etc.):

Child's Physician: _____ Phone: _____

If necessary my child may be treated at emergency room:

YES

NO

Emergency room of preference: _____

Typically an injured student is transported to WAYNE MEMORIAL emergency room in Jesup (12 Miles away). 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 Authorization Form has been successfully completed and turned into staff.

If your child requires Medication such as an inhaler to be given while in our care, please indicate name and dosage with other beneficial instructions: _____

State Of Cooperation

In making application for my Child to attend Little Crusaders Pre-School, it is my desire that my child completes the school year. it is also my desire that my child participates in the entire program. I also give my permission for my child to take place in all activities offered. I absolve Little Crusaders Pre-School and the qualified staff from liability to me or my child because of any injury to my child while in their care. I understand that the Pre-School Director and FBCA Administration is hereby given full discretion regarding the discipline of my child that includes: the issuing of time-out, temporary Suspension, and possible expulsion from Little Crusaders, if necessary. I have read the Pre-School Handbook and agree to cooperate fully with the Staff and Administration of Little Crusaders Pre-School and FBCA. I agree to abide by the guidelines set forth in the information handbook.

Parent Signature: _____ Date: ____/____/____

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

12 S. McDonald St. / P.O. Box 100, Ludowici, Ga 31316

Phone: (912) 294-3583