

Welcome To Fleming Baptist Preschool!!!

Parent information for New student's

We will send a letter to each student during the summer to welcome them to their new school and to introduce them to their new teacher.

In the letter will be a Calendar for August and Dates for Open House and instructions for First day of School.

On Open House day you will need to bring these items:

1. Birth certificate
2. Updated Shot Records
3. Application filled out

We are looking forward to meeting each of you.

As we embark on our new adventures of sharing and learning new things and meeting new friends.

Thank you for sharing your little one's with us this year!

Director:

Christina Mccraney



Fleming Baptist Preschool
3027 Peach Orchard Road
Augusta Ga. 30906
(706)798-3512

Child's Name _____ Birthdate _____

Address: _____

Phone# _____ Emergency # _____

Mother's Name/Phone # _____

Father's Name/Phone # _____

Class Enrollment: _____ Days M T W T F

Beginning Date: _____ Withdrawal Date: _____

<u>Fees</u>	<u>Amount Paid</u>	<u>Date Paid</u>
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Registration Fee	_____	_____
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Fall Supply Fee	_____	_____
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Spring Supply Fee	_____	_____
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Registration Agreement

The Preschool budget and teacher salaries are based on full enrollment.

Therefore, parents are responsible for each month's tuition in spite of absences.

Payment is due in the preschool office according to the tuition payment schedule.

A \$25.00 late fee will be assessed, and if tuition and late fee is not paid your child will be suspended until tuition and late fees are paid. Failure to pay past due fees will result in possible collection actions. A return check fee will be assessed on all returned checks.

Your Child's monthly tuition will be \$ _____

I have received and read a copy of the Parent Handbook and I agree to abide the terms therein.

Parent's Signature

Date



Emergency Information



Child's Name _____
Emergency # _____

Physician _____
Physician # _____

Allergies:

Medications:

In the event of an emergency and I cannot be reached, I give Cokesbury Preschool Director and Staff permission to provide proper treatment and administer first aid to my child.

Parent's Signature _____ Date _____

Please list below those people who are allowed to pick up your child from Preschool. Your child will **not be released** to anyone not listed below.

<u>Name</u>	<u>Relation</u>	<u>Telephone #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Personal Profile Sheet

Please complete this profile of your child and his/her interests. It will help us to become better acquainted with your child and better able to meet his/her needs.

Full Name _____

First	Middle	Last
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Nickname _____

Address _____

Telephone _____

Birthdate _____ Age _____ Sex _____

Allergies _____

Marital Status of Parents _____

Siblings _____ Age _____

_____ Age _____

_____ Age _____

Favorite things: _____

Least Favorite things: _____

Is your child potty trained? _____

Does your child have any fears? _____

Does your child have any health problems that we need to know about? _____

Does your child play well alone? _____

Does your child play well with other children? _____

Has your child had group experience previously? _____

Does your child except correction easily? _____

Do you have any special concerns about you child's development?

What do you hope will be included in your child's program?

Additional information or comments:

Photo Waiver

This waiver is to grant permission for us to use your child's photo during the school year in church or school publications. Your child's name or any other personal information will not be used.

If you agree to allow us to use your child's picture please sign below.

Child's Name _____

Parent or Guardian's Signature _____

Date _____