

FIRST BAPTIST LEARNING CENTER AND PRESCHOOL

REGISTRATION FOR 2021-2022

(Office Use)

___ Pre K 2

___ Pre K 3

___ VPK

STUDENT

Last Name _____ First _____ Middle _____

Preferred Name _____ Male _____ Female _____ Date of Birth _____

Ethnicity ☐ African American ☐ Caucasian ☐ Middle Eastern ☐ Multiracial _____

☐ Asian American ☐ Hispanic ☐ Native American ☐ Other _____

Student's Address _____ City _____ Zip _____

Student lives with (*check any that apply*) If "other" please specify person/relationship.

Student's: Father _____ Stepfather _____ Other _____

Mother _____ Stepmother _____ Other _____

Father is deceased _____ Mother is deceased _____ Parents are divorced _____ Parents are separated _____

Person responsible for tuition _____

Siblings' names and D.O.B. _____

PARENT(S)

Father's Name _____ Address _____

Father's Phone _____ Place of Employment _____

Mother's Name _____ Address _____

Mother's Phone _____ Place of Employment _____

Primary E-MAIL address- _____

PERSONS PERMITTED TO PICK UP CHILD / EMERGENCY CONTACTS

MOTHER _____ YES _____ NO FATHER _____ YES _____ NO

(We must have official documentation on file if 'NO' is selected.)

(NAME) (PHONE) (RELATIONSHIP)

(NAME) (PHONE) (RELATIONSHIP)

(NAME) (PHONE) (RELATIONSHIP)

(NAME) (PHONE) (RELATIONSHIP)

CHURCH

Name of church family attends _____

_____ I would like information and/or a visit from First Baptist Church, Plant City

Consistent with Christian principles, First Baptist Learning Center does not discriminate with regard to race, sex or national origin in the administration of its educational policies or other school-administered programs. First Baptist Learning Center is accredited by the Association of Christian Schools International and is a Ministry of Plant City's First Baptist Church.

MEDICAL ALERT INFORMATION

Does the student have any special needs that we should know about? _____

Please list the student's allergies or dietary restrictions?

Do you give the student permission to participate in food-related activities? These activities include things such as classroom cooking projects, gardening, school-wide celebrations, birthdays, and activities that include food prepared and /or purchased by families. (Pursuant to 65C-22.005(1)(c)2., F.A.C.)

Yes _____ No _____ Yes, but he or she may not eat or handle the following items; _____

Does student require any medication? Yes ___ No ___ If yes, please explain. _____

PLEASE NOTE: It is our discretion as to whether or not medications will be dispensed that have not been prescribed by a doctor (aspirin, cough medicine). All medications **must** be in the original container and labeled with your student's name.

List any illnesses, hospitalizations, operations, and/or medical history of your child.

Describe your child's speech: (*Check all that apply*)

rapid _____ slow _____ moderate _____ clear _____ talks constantly _____ seldom speaks _____
uses many words _____ talks only during play _____

OTHER INFORMATION

What are your child's interests? _____

Does your child exhibit specific fears? If so, please list _____

List behavior characteristics of your child _____

List any traumatic experiences such as moving, deaths, serious illness, accidents, etc.

What do you feel are your child's greatest needs? _____

Other characteristics or information for your child's teacher _____

ALL PARENTS:

☐ I (We) understand that the following items must be on file before the first day of school or attendance will be denied.

- Registration form (front and back)
- VPK Certificate of Eligibility (VPK students only)
- Tuition Payment Agreement
- Immunization and Physical forms
- Birth Certificate
- Registration fee
- Authorization for Emergency Medical Treatment

☐ I have read the Parent Handbook found online at www.fbcpc.com/learning-center (including Discipline & Illness policies). We agree to abide by all policies stated in the handbook.

☐ I have received and read the flu brochure.

Photographs:

Permission is hereby given to FBLC to photograph my child (no names given) for the purposes of; First Baptist Learning Center Facebook page, website or group text. **YES / NO (Circle one)**

Comments _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Name _____

Date _____

If my child should become ill or injured at First Baptist Learning Center & Preschool, I understand that the child care facility will:

- 1.) Contact me immediately and
- 2.) Contact the person(s) I have designated if I cannot be reached.

Should the child care facility be unable to reach me or the designated person(s), they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. I will be responsible for payment for medical services rendered.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary for the health and safety of my child. I give consent to transport by ambulance if situation warrants it.

Signature

Phone

Relationship

CONTACT IN CASE OF EMERGENCY:

1. _____ Phone _____

2. _____ Phone _____

.....
Medical Alert Information (i.e. allergies, medications, previous surgeries/conditions etc.)

Preferred Physician _____

Address/Phone _____

Preferred Hospital _____

Tuition Payment Agreement for Pre K 2 2021-2022 School Year

(Office Use Only)

Reg. fee amt. _____

Ck. # _____

CC _____

Child's Name _____

Preschool Morning Program 8:30-12:00 (Follows the SDHC Holiday Calendar)

Check one: _____ Tues/Thurs (\$155/mo)
_____ Mon./Wed./Fri. (\$220/mo)
_____ Mon.-Fri. (\$350/mo)

Preschool Morning Program plus Extended Care

Check one:	3 Days per week	5 Days per week
Times		
6:30-12:00	_____ \$280/mo	_____ \$445/mo
8:30-3:00	_____ \$300/mo	_____ \$480/mo
6:30-3:00	_____ \$355/mo	_____ \$575/mo
8:30-6:00	_____ \$380/mo	_____ \$620/mo
6:30-6:00	_____ \$440/mo	_____ \$710/mo

- I will abide by all policies as stated in the First Baptist Learning Center Parent Handbook
Yes _____ No _____
- I agree that tuition/daycare payments will be made on time (see #3).
Yes _____ No _____
- I choose to pay: (Check one)
_____ Yearly (Calculate yearly total by multiplying amount above by 10 months. Due on or before your child's first day of preschool)-**Registration fee will be waived.**
_____ Monthly (Due on your child's first school day of each month)-**A \$10 late fee will be applied when tuition is 10 days past due.**
- I understand that First Baptist Learning Center is a nonprofit organization that relies completely on tuition to pay operating expenses. If tuition/daycare payments cannot be made because of an emergency situation in my family, I must inform the Director and/or Office Assistant immediately so that a plan can be agreed upon to resolve tuition payments.
Yes _____ No _____
- I understand that nonpayment of tuition over 30 days may result in the dismissal of my child from the preschool/daycare program.
Yes _____ No _____

Signed _____ Date _____
Parent or Legal Guardian

Payment Methods- First Baptist Church Plant City app. on your smart device
Check or money order payable to: FBLC (Please allow up to 4 weeks to process)