

**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 \_\_\_ Steppather \_\_\_ 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](http://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 3 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)

<b>Check one:</b>	<input type="checkbox"/> Mon./Wed./Fri.	(\$220/mo)
	<input type="checkbox"/> Mon.-Fri.	(\$350/mo)

### Preschool Morning Program plus Extended Care

Check one:	3 Days per week	5 Days per week
<b>6:30-12:00</b>	<input type="checkbox"/> \$280/mo	<input type="checkbox"/> \$445/mo
<b>8:30-3:00</b>	<input type="checkbox"/> \$300/mo	<input type="checkbox"/> \$480/mo
<b>6:30-3:00</b>	<input type="checkbox"/> \$355/mo	<input type="checkbox"/> \$575/mo
<b>8:30-6:00</b>	<input type="checkbox"/> \$380/mo	<input type="checkbox"/> \$620/mo
<b>6:30-6:00</b>	<input type="checkbox"/> \$440/mo	<input type="checkbox"/> \$710/mo

1. I will abide by all policies as stated in the First Baptist Learning Center Parent Handbook  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. I agree that tuition/daycare payments will be made on time (see #3).  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. 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.**
4. 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 \_\_\_\_\_
5. 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)