



EARLY LEARNING CENTER

first baptist church of conyers

Registration
Packet
2010-2011

*The Early Learning Center does not discriminate
on the basis of race, color, national or ethnic origin.*



Dear Parents,

Welcome to the Early Learning Center of First Baptist, Conyers! We hope that you are excited about the upcoming school year. Please know that we will care for your child and provide a warm and loving learning environment.

Registration begins February 1, 2010. There are a limited amount of classes so it is best to register early. You may register Monday-Thursday from 9:00a.m.-12:00p.m. at the preschool desk. If you would like an appointment to tour the preschool, please call the preschool office at 770-483-8700 ext. 133. For more information, visit our website. www.firstconyers.com/elc

Registration fees are due when registering. Please return the completed package along with the \$100.00 non-refundable registration fee, a copy of the student's insurance card, and a copy of the student's immunization record (form 3231).

Supply fees and August tuition are due Thursday, August 12th at our Parent Orientation and Student Open House. Open House will begin at 7:00pm. You will be given a parent handbook and other valuable information about the preschool. Students may come and meet their teachers and visit their classrooms.

Looking forward to a great year!

Laura Kulp
Preschool Minister/ELC Director

**Early Learning Center
Class Schedule
2010-2011**

Class	Days Class Meets	Registration Fee	Supply Fee	Monthly Tuition	Suggested No. of Students per Class
1 Yr. Olds	T,Th	\$100.00	\$25.00	\$105.00	6
2 Yr. Olds	T,Th	\$100.00	\$25.00	\$105.00	10
2 Yr. Olds	M,W	\$100.00	\$25.00	\$105.00	10
2 Yr. Olds	M,T,W,Th	\$100.00	\$25.00	\$145.00	10
3Yr. Olds	T,W,Th	\$100.00	\$25.00	\$125.00	12
3 Yr. Olds	M,T,W,Th	\$100.00	\$25.00	\$145.00	12
4 Yr. Olds	M,T,W,Th	\$100.00	\$25.00	\$145.00	14
4 Yr. Olds	M,T,W,Th,F	\$100.00	\$25.00	\$170.00	14

All Classes meet from 9:00a.m.-12:00p.m.

Lunch Bunch is offered daily from 12:00 - 1:00 for 2, 3, and 4 year old students.

The cost is \$3.00 per day or \$9.00 per week.

There are a limited amount of classes so it is best to register early.

All registration fees are non-refundable.

Early Learning Center Enrollment Form 2010-2011

Child's Name _____ **Birthdate** _____ **Sex** _____

Parent's Relationship to each other: Married Divorced Separated Single

Child lives with (please check all that apply):

Mother and Father Mother Father Other _____

Father's Name _____

Home address _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Pager _____ Mobile _____

Mother's Name _____

Home address _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Pager _____ Mobile _____

E-mail Address of Parents: _____

Please list siblings of child:

Name: _____ Birthdate _____

Name: _____ Birthdate _____

Family religious preference _____ Church membership _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to Child _____

Address _____ Phone _____

**** All Registration Fees Are Non-Refundable ****

Office Use Only

Class Assigned: _____

Check # _____ **Amount** _____ **Date** _____

**Early Learning Center
of First Baptist, Conyers**

Release of Child

I authorize my child, _____ be released by the Early Learning Center of First Baptist, Conyers to the following persons:

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Early Learning Center of First Baptist, Conyers to take my child to an emergency room or to the following physician or his/her associates for medical care.

Dr. _____ Hospital _____
Address _____ Phone _____
City _____ State _____ Zip _____

Special Instructions: _____

**I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a copy of your insurance card and a current immunization certificate form 3231.)**

(Signature of Parent/Guardian) _____ (Date)

State of Georgia, County of _____
This instrument was acknowledged before me on (date) _____

(Notary Seal)

(Signature of Notary Public)

**Early Learning Center
First Baptist Church, Conyers**

Allergy Alert

My child, _____ is allergic to the following:

He/She will usually react how? _____

Treatment for the allergic reaction is usually _____

Parents Phone: _____

Emergency phone: _____

Parent or Guardian signature _____

Early Learning Center Promotional Release Form

I hereby consent to the use of any videotape, photographs, slides, audio-tapes, or any other visual or audio reproduction in which my child, _____ (child's name) may appear by the Early Learning Center of First Baptist Church, Conyers. I understand that these materials are being used for promotion of the ministry of the Early Learning Center which includes recruitment.

I release the Early Learning Center of First Baptist Church, Conyers from any liability connected with the use of my child's picture or voice recording as part of any promotional or recruitment program.

Parent Signature _____ Date _____