

**TABERNACLE BAPTIST PRESCHOOL
2021-2022 REGISTRATION INFORMATION**

Tabernacle Baptist Preschool offers a balanced program that engages children in knowing and showing Jesus' love, in developing age-appropriate social and emotional skills, and in learning Georgia standards for language and math skills and concepts. Our purpose is to offer families in our community a program that combines the highest standards in early childhood education within a safe Christian environment where children can grow spiritually, physically, emotionally, intellectually, and socially.

Tabernacle Baptist Preschool (TBP) is a weekday program for children ages 2-5 years old. The school is open Monday through Friday from 8:30 AM– 12:00 noon. An early arrival room is offered daily for 2-5 year olds beginning at 7:45 AM. The Lunch Bunch program, which is a state-licensed program, provides extended care every day for 2-5 year olds from 12:00 noon until 3:30 PM; children staying in Lunch Bunch must be completely toilet-trained. TBP also offers a toddler program for children under the age of 2; toddlers should be steady on their feet and walking with little support.

Admission to TBP is made without regard to race, color, creed, sex, or national origin. The preschool follows the State of Georgia age cutoff for enrollment in classes; the cutoff date is currently September 1st. A child must be the age of the enrollment class on or before September 1st for the child to be eligible for that age-level class. This practice allows the opportunity for progression each year through the end of preschool and into the public elementary schools.

2021-2022 PROGRAMS AND FEES

Registration fees are due at the time of registration. The registration fee is determined by the number of days a week your child attends preschool. For example, if you want your three-year old to attend two days a week, the registration fee is \$130.00. Tabernacle Baptist Preschool is a self-supporting, non-profit organization, and is not subsidized by Tabernacle Baptist Church. The yearly cost for providing the educational program for your child is divided over 10 equal payments, which is one registration fee and nine months tuition. **Registration fees are non-refundable.**

Tuition is due by the first day of each month:

- **Toddler Room -- 1 day (Fridays) -- \$80.00**
- **Toddler Room -- 2 days (M/W or T/Th) -- \$140.00**
- **Preschool - 2 days (T/Th) -- \$130.00**
- **Preschool - 3 days (M/W/F) -- \$145.00**
- **Preschool - 5 days (M-F) -- \$185.00**

Additional Programs for 2-5 year olds:

- Early Arrival Room -- 7:45 AM - 8:10 AM -- \$3.00 a day
- Lunch Bunch -- 12:00 PM - 3:30 PM -- \$13.00 a day

On the day of registration, you are required to bring the following:

- Completed registration forms
- A copy of your child's Birth Certificate
- A current Immunization form #3231 (TBP will not accept any other form; form 3231 is available at the Carroll County Health Department or your physician's office)
- Current photo

If you have questions, please contact Tabernacle Baptist Preschool at 770-834-4611.

TABERNACLE BAPTIST PRESCHOOL REGISTRATION INFORMATION

BIOGRAPHICAL INFORMATION			
Child's Full Name:		Name Called:	
Date of Birth:	M/F (Circle one)	Child's age as of September 1, 2021:	
Address: (Include City and Zip Code)			
MOTHER'S NAME:		PRIMARY CONTACT NUMBER:	
Mother's Home Address: (Include City and Zip Code)			
Mother's Primary Email Address:			
Mother's Place of Employment:		Work Phone:	
Work Address: (Include City and Zip Code)			
Mother's Church Membership: (Include church name and city)			
FATHER'S NAME:		PRIMARY CONTACT NUMBER:	
Father's Home Address: (Include City and Zip Code)			
Father's Primary Email Address:			
Father's Place of Employment:		Work Phone:	
Work Address: (Include City and Zip Code)			
Father's Church Membership: (Include church name and city)			
ENROLLMENT INFORMATION			
Has the child previously attended TBP? Y/N		If so, at what ages?	
How many days a week do you want your child to attend preschool? 2 days 3 days 5 days			

EMERGENCY CONTACT(S)/PERSON(S) TO WHOM CHILD MAY BE RELEASED

I understand that my child will not be allowed to enter or leave the Tabernacle Baptist Church facility without being escorted by parent(s), person(s) authorized by parents, or facility personnel.

Name	Relationship to Child	Primary Phone Number	Address (Include city/zip)

EMERGENCY MEDICAL AUTHORIZATION

Should my child, _____, suffer an injury or illness while in the care of Tabernacle Baptist Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure the necessary medical attention and care for my child. I (We) understand and agree that we assume responsibility for payment of services.

I also understand that Tabernacle Baptist Preschool requests that I (we) dispense prescription or over-the-counter medications prior to coming to school. However, should my child need medication during school hours, I understand that I will provide a written authorization to include the following information: date(s); my child's name; name of medication; Rx number (if any); dosage, and date/time of day the medication is to be administered. Medication will be in the original container with my child's name written on it.

I also acknowledge that it is my responsibility to keep my child's medical records current to reflect any significant changes as they occur. I (We) will contact Tabernacle Baptist Preschool to provide current phone numbers, address, emergency contacts, child's health status, immunization forms, and any other information deemed necessary to ensure my child receives proper medical care.

Tabernacle Baptist Preschool agrees to inform me (us) of any incidents involving my child which might compromise his/her health. Examples include, but are not limited to, illnesses, injuries, adverse reactions to medications and so forth.

A safety plan should be in place if your child has allergies or special needs that endanger his or her life. Please provide initial, detailed information below. If it is determined that further action is needed to update or develop another safety plan, a conference will be scheduled.

Known medical conditions for which there is a doctor's diagnosis (i.e. diabetes, asthma, allergies):
Safety Plan as outlined by a doctor (provide medical update form if applicable):
Parental medical concerns:
Safety actions taken at home:

Parent Signature

Date

LUNCH BUNCH PARENTAL AGREEMENT

(Lunch Bunch is not available to TBP children in the Toddler room)

Lunch Bunch is a service provided by TBP Monday through Friday from noon until 3:30 PM during the academic school year (September through May).

I agree to abide by the policies and procedures of the Tabernacle Baptist Preschool Lunch Bunch program, which are outlined in the Parent Handbook. I understand that my child may be grouped with children who are 2, 3, 4, and/or 5 years of age. On days of inclement weather, my child has permission to play in the indoor playground and/or gym. I also confirm that my child is completely toilet-trained, meaning he/she does not wear diapers or pull-ups.

Child's Name: _____ Regular or drop-in basis: _____

If regular attendance, how many days a week? _____

VIDEO AND PHOTOGRAPHY RELEASE

Many activities at Tabernacle Baptist Preschool provide opportunities for the staff, the children, and their families to be photographed or videotaped. Sometimes these videos and/or photos are used in classroom newsletters, in advertisements and stories in our local newspapers, in our slideshow presentations and/or our church's webpage/ preschool FACEBOOK page. We will not release children's names.

As the parent or guardian of _____, I do OR do not (circle one) give my permission for my child to appear on a video or photograph to be used in our classroom newsletters, in advertisements and stories in our local newspapers or in our slideshow presentations.

As the parent or guardian of _____, I do OR do not (circle one) give my permission for my child to appear on the Tabernacle Baptist Church and Preschool webpages or on the preschool FACEBOOK page.

ADDRESS AND PHONE NUMBER RELEASE

Sometimes a parent may request phone numbers and addresses of the classmates in their child's room for birthday parties, to coordinate parties in the child's room etc. I give my permission to release this information understanding that personal information will NEVER be given over the phone.

As the parent or guardian of _____, I do OR do not (circle one) give my permission for my address and phone number to be released according to the statement above.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Director/Assistant Director)

Registration fee is non-refundable (amount and check number): _____