

# PRE-REGISTRATION INFORMATION 2018-2019 SCHOOL YEAR

Lawrence Drive Baptist Church

5774 School Road

Macon, Georgia 31216

(912) 788-2571

Please check one of the following to indicate which class your child will attend:

\_\_\_\_\_ Two (2) Year Old Class—Monday/Wednesday/Friday  
(8:45 AM - 12:15 PM)

\_\_\_\_\_ Two (2) Year Old Class— Tuesday/Thursday  
(8:45 AM - 12:15 PM)

\_\_\_\_\_ Two (2) Year Old Class—Monday through Friday  
(8:45 AM - 12:15 PM)

\_\_\_\_\_ Three (3) Year Old Class— Monday/Wednesday/Friday  
(8:45 AM - 12:15 PM)

\_\_\_\_\_ Three (3) Year Old Class—Monday through Friday  
(8:45 AM - 12:15 PM)

\_\_\_\_\_ Four (4) Year Old Class—Monday through Friday  
(8:45 AM - 12:15 PM)

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular/Car Phone: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**\*Pre-registration/supply fee for 2 year olds is \$100.00 (Due with the application).**

\*Monthly tuition for 2 year old 2 day program is \$125.00 per month (Due the first of each month).

\*Monthly tuition for 2 year old 3 day program is \$150.00 per month (Due the first of each month).

\*Monthly tuition for 2 year old 5 day program is \$190.00 per month (Due the first of each month).

**\*Pre-registration/supply fee for 3 year olds is \$100.00 (Due with the application).**

\*Monthly tuition for 3 year olds 3 day program is \$150.00 per month (Due the first of each month).

\*Monthly tuition for 3 year olds 5 day program is \$190.00 per month (Due the first of each month).

**\*Pre-registration/supply fee for 4 year olds 5 day program is \$100.00. (Due with the application.)**

\*Monthly tuition for 4 year olds 5 day program is \$190.00 per month. (Due the first of each month.)

**2ND CHILD DISCOUNT — 1/2 OFF THE LESSER TUITION FEE**

**NO REFUND ON PRE-REGISTRATION/SUPPLY FEE**

# CHILD INFORMATION SHEET

Lawrence Drive Baptist Church Kindergarten  
5774 School Road - Macon, GA 31216  
(478) 788-2571/ (478) 788-9194

Please complete the following information sheet about your child so we might better understand him/her.

1. Does he/she have any fears? Please state them: \_\_\_\_\_  
\_\_\_\_\_
2. What factors contribute to child's fears? \_\_\_\_\_  
\_\_\_\_\_
3. What are his/her reactions to strangers? \_\_\_\_\_  
\_\_\_\_\_
4. What are his/her reactions to other children? \_\_\_\_\_  
\_\_\_\_\_

## PLAY LIFE

1. Describe types of play he/she enjoys: \_\_\_\_\_  
\_\_\_\_\_
2. What are his/her favorite toys and special interests? \_\_\_\_\_  
\_\_\_\_\_
3. Does he/she play with other children? \_\_\_\_\_  
\_\_\_\_\_
4. Can he/she entertain himself/herself? \_\_\_\_\_  
\_\_\_\_\_

## HOME LIFE

1. Can he/she care for himself/herself?  
(A) Dressing \_\_\_\_\_ (B) Toileting \_\_\_\_\_ (C) Brushing Teeth? \_\_\_\_\_
2. What are his/her sleeping habits?  
(A) Hours per night \_\_\_\_\_ (B) Naps \_\_\_\_\_
3. Food likes and dislikes: \_\_\_\_\_  
\_\_\_\_\_

## CHILD CARE IMMUNIZATION CERTIFICATE

We are required by law to have on file a current Immunization Record for each child enrolled in our kindergarten. Please request an Immunization Record from your child's doctor or the facility where your child received his/her shots. The form received should state that your child has had the necessary immunizations and has no communicable diseases.

Form 3231 should be presented to your child's teacher.

This record is for the protection of **your** child.

Please mail the form in to the church office or turn it in to your child's teacher the first day of school.

# APPLICATION FOR ADMISSION

Lawrence Drive Baptist Church Kindergarten  
5774 School Road - Macon, GA 31216  
(478) 788-2571/ (478) 788-9194

Child's Full Name: \_\_\_\_\_

Name by which child is called: \_\_\_\_\_

Present age: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular/Car Phone: \_\_\_\_\_

In case of an Emergency, please call: \_\_\_\_\_ (Other than parent)

Phone: \_\_\_\_\_ Backup: \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

If none, Denominational Preference: \_\_\_\_\_

Physical and/or emotional problems about which the teacher should know: \_\_\_\_\_

What immunizations has the child had? \_\_\_\_\_

What diseases has the child had? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If so, to what? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Children MUST BE POTTY TRAINED and able to take care of his/herself for 3 & 4 year programs.**

**The LDBC Mother's Morning out and Weekday Preschool program is not a licensed childcare facility and is not required to be by the Georgia Department of Early Care and Learning.**