



**First Learning Center**  
a ministry of First Baptist Church  
405 Bellevue Ave. Dublin, GA  
478-272-1455

## 2026 – 2027 Registration

**General Information:** Child's Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Family Information:** Church \_\_\_\_\_  
Child Lives with: Mother Father Both Other \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_

**Emergency Contacts/Authorized to Pick Up Child (not parents):**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

### Medical Information

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Medication:** (Please indicate medications that may be administered to your child by initialing each line.)

Children's Tylenol (given as directed on bottle) \_\_\_\_\_

Children's Benadryl (given as directed on bottle) \_\_\_\_\_

Topical Creams (used as directed for minor scrapes, burns, bug bites, etc.) \_\_\_\_\_

### Medical Authorization and Release

I, who by law may do so, authorize the administration of emergency medical treatment to him/her who is subject of this form. I understand that all reasonable safety precautions will be taken at all times by First Learning Center, First Baptist Church, or its agents in the event of any accidents, injury, or disease incurred by the subject of this form. I understand that if medical intervention is needed, every attempt will be made to immediately contact the guardian or local emergency contact person given on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media Release**

I hereby grant First Baptist Church and First Learning Center an irrevocable license to use photographs and/or video for advertisement promoting First Learning Center only. I acknowledge that First Baptist Church and First Learning Center are under no obligation to use my child’s likeness.

I agree that there are to be no fees, commissions, or royalties paid to me for the use of my child’s likeness. I acknowledge and agree that I have the exclusive right and authority to grant this license to use my child’s likeness.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Options** (prices are per month)

Tuition is due on the 1st of each month. The first month’s tuition is due on the first day of school. A \$25 late fee will be assessed after the 8<sup>th</sup> of each month. First Learning Center does not prorate monthly tuition fees. Full payment is required for each month during the school year.

Check the class you are registering your child for:

- One Year:     3 Days \_\_\_\_\_ \$150
- Two Year:    5 Days \_\_\_\_\_ \$200           3 Days \_\_\_\_\_ \$150
- Three Year:   5 Days \_\_\_\_\_ \$200           3 Days \_\_\_\_\_ \$150
- Four Year:    5 Days \_\_\_\_\_ \$200

**First Learning Center Program Requirements**

- A non-refundable \$100 registration fee is due with the registration form, and a \$75 curriculum/supply fee is due with August tuition.
- Your child is considered registered upon receipt of the completed registration form and payment of the registration fee.
- The final tuition payment is due on May 1<sup>st</sup>. Payment must be current in order for your child to participate in end-of-the-year activities. If you have to withdraw your child from the program, a written two-week notice must be given to the director.
- A current copy of your child’s immunization record must be on file with the preschool before the first day of school.
- Students must be the appropriate class age by September 1, 2026.
- Students in the three-year-old classes must be potty-trained or in the process of potty-training.
- I, \_\_\_\_\_, acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning, and this program is exempt from state licensure requirements.

I agree to abide by the terms as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_