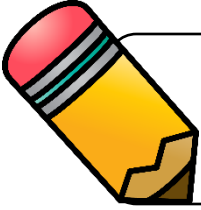


Enrollment Date: _____

Information Update Only: _____



First Friends Preschool



PO Box 47 Lavonia GA 30553

706-356-4243

Amy Moss, Director

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: Please attach a copy of immunization record. If not up to date, please explain:

Does child have any known health problems? Yes () No ()

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize First Friends Preschool to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross off any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

I authorize First Friends Preschool to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to First Friends Preschool to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

- I do NOT want any photos/videos taken of my child.

School Policy

- Classes will begin in August and will follow all holidays and school closings of the Franklin County School System.
- Children must be toilet trained for the 3 & 4 year old classes. Pull ups are not acceptable.
- Registration fees and tuition payments are non-refundable. No reimbursements are made for vacation, illness, the closing of school due to inclement weather or unforeseen circumstance. All tuition is due the 1st of each month, and any payment received after the 10th day of month should include a \$10 late fee. Registration fee made payable to LFBC accompanies this enrollment form. The fee is \$100 plus a \$30 snack fee.
- I understand that First Friends Preschool is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Dept. of Early Childcare and Learning and that this program is exempt from state licensure.

Check class you are registering for:

___ MMO Thursday \$50 per month

___ 2 year old (M/W/F) \$120 per month

___ 3 year old (M-F) \$140 per month

___ 4 year old (M-F) \$140 per month

(Date)

(Signature of parent/guardian)

(Date)

(Director Signature)