



Samantha Skelton, Director
706-436-1529 cell/ 706-376-8781 office

ENROLLMENT FORM

STUDENT INFORMATION

Child's Name _____ Name Used _____

Date of Birth _____ Age of Child when School Starts _____

Parent's Names _____

Address _____

Street City State Zip

Home Phone _____

CLASS OPTIONS

Mom's Morning Out	Two Year Old Class	Three Year Old Class	Four Year Old Class
_____ 1 day a week (M-Th) \$50 Monthly	_____ Monday/Wednesday \$100 Monthly	_____ Monday- Friday \$150 Monthly	_____ Monday- Friday \$150 Monthly
_____ 2 days a week (M-Th) \$75 Monthly	_____ Tuesday/ Thursday \$100 Monthly	_____ M, W, F \$130 Monthly	
	_____ Monday-Thursday \$140 Monthly	**Must be toilet trained**	

PARENT INFORMATION

Mother's Name _____ Mother's Cell # _____

Mother's Employer and Number _____

Mother's Email Address _____

Father's Name _____ Father's Cell # _____

Father's Employer and Number _____

Father's Email Address _____

Church Affiliation (if any) _____

Parent's Signature _____

****NON_REFUNDABLE REGISTRATION FEE of \$150 (\$50 MMO)
MUST ACCOMPANY THIS FORM****

Office Use Date Form Received _____	Registration Fee Paid _____
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PRIORITY STATUS

1. Children of Sardis Baptist Church Members
2. Children currently enrolled in SBC Preschool
3. Siblings of children currently in enrolled in SBC Preschool
4. Children whose family members were previously enrolled in SBC Preschool
5. Community at large

ENTRY REQUIREMENTS BY AUGUST 2019

- Child **MUST** be toilet trained for the 3 & 4 year old classes. Pull-ups are not acceptable
- Child's immunization record must be current and in school file. We will not accept any form of exemption

Child lives with:

_____ Both Parents
_____ One Parent (Please indicate who) _____
_____ Other

Are there special restrictions regarding parental consent, pick-up, etc. _____ YES _____ NO
Please explain _____

MEDICAL or EMERGENCY CARE

List two persons willing to assume responsibility for the child during an emergency, if the parents cannot be reached.
(These contacts should be someone local to this area, available within 20 minutes)

1. _____

Name	Phone Number	Relationship
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2. _____

Name	Phone Number	Relationship
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Routine sources of medical and dental care for the child are:

Doctor _____

Name	Location	Phone
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Dentist _____

Name	Location	Phone
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Hospital Preference _____