



47 Covington Rd.
Avondale Estates, GA 30002
404-294-5285

APA REGISTRATION PACKET

What you need to have on file to be completely registered for the 2018-2019 school year:

- ☐ Parental agreement form
- ☐ Child information packet
- ☐ Non-refundable \$100.00 registration fee. The Registration Fee should be submitted with your application.
- ☐ \$50 Materials fee
- ☐ Deposit equal to one month's tuition.
Installment payments are acceptable.
- ☐ Immunization record (State Form).

*Checks may be made out to FBCAE-APA or APA.



Parental Agreement

Childs Name _____ Age _____

I/We have read the FBCAE-APA Handbook on the link at the APA Website. I/We understand that I/we are responsible for the information presented in this handbook. The handbook may be amended by the APA administration at any time during the school year through the vehicle of a take-home letter, and a posting on the APA sign-in table.

- I/We agree to pay an annual non-refundable registration fee of \$100.00 per child.
- I/We agree to pay a deposit of one months' tuition per child at the time of enrollment. (This deposit will be applied to your account as your May tuition payment.)
- I/We agree to pay AFBC-APA \$ _____ **per month** for the care of my child. (Babies, \$135 for 1 day/week; Babies, \$185 for 2 days/week; 2/3 Year Olds, \$235 for 2 days/week; 2/3 Year Olds \$315.00 for 3 days/week; 4 Year olds \$350 for 3 days, 2-4 year olds \$400 for 4 days/week; Babies under 2 yrs. of age may only attend up to 2 days a week (State mandate). You may decide which two days you want your child to attend out of M/W/Fr.
- Please circle the days of the week your child will be attending.

Days of week	M	T 2-4yr*	W	F	\$ /mo

*****Opening on Tuesdays is dependent on each classes enrollment #'s*****

- I/We agree to make the tuition payment by the first day of the month my child is scheduled to attend APA. There will be a \$15.00 late fee for all payments not received by the 10th day of the month.
- I/We understand fees are based on enrollment and not attendance. I/We will be responsible to pay the contracted rate whether or not my child is in attendance.
- APA's designated hours of operation are 9:00-12:45. I/We agree not to drop my child off until 9:00 am and agree to pick my child up at 12:45 pm. I/We agree to pay a late fee of \$1/per minute late after 1:00 pm.
- I/We agree to pay a returned check fee of \$25.00 and AFBC will have the right to refuse any future checks.
- **I/We understand that a 30-day written notice must be given when withdrawing my child from APA. If a 30-day written notice is not given, I/we forfeit my deposit.**

PARENT SIGNATURE _____ Date _____

Class availability may change dependent upon enrollment.



Child Information Form

Child's Name: _____ Today's Date: _____

Birthdate: ____/____/____

****ALLERGIES, HEALTH PROBLEMS, OR OTHER IMPORTANT INFORMATION WE NEED TO KNOW:**

Family Information

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell phone/pgr _____ Cell phone/pgr _____

Company Name _____ Company Name _____

Work phone _____ Work phone _____

Home email _____ Home email _____

Sibling (with ages) _____

Special Custody arrangements _____



Child Care Immunization Certificate

_____ Current certificate attached

_____ I will get a current certificate from my child's pediatrician and bring the original to the APA director prior to the first day of school.

Emergency Contacts

Name _____ Relationship to child _____ Phone _____
Cell _____

Name _____ Relationship to child _____ Phone _____
Cell _____

Name _____ Relationship to child _____ Phone _____
Cell _____

Medical Information

Insurance Company _____ Phone _____

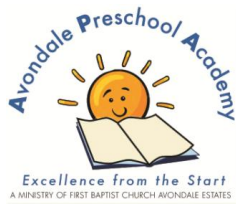
Insured Name _____ Policy/Group # _____

Pediatrician _____ Phone _____

Dentist _____ phone _____

I understand that in case of an emergency, FBCAE will make every reasonable effort to contact parents and/or names listed above. Should this not be possible, I give permission for emergency treatment to be given by the hospital to which my child is taken.

Parent's Signature _____ Date _____



Authorized Adults to Drop-Off/Pick-Up Form

In accordance with Georgia law, we must have on file the names, addresses, and phone numbers of the individuals permitted to drop-off and pick-up your child/children from our program. Individuals, who present themselves to claim your child, who have not been authorized by you, will not be allowed to leave with your child. Please list any person's name, address, and phone number who is authorized to drop-off or pick-up your child.

Thank you for your full cooperation!

Child's Name: _____ Parent's Name(s): _____

The following adults may drop-off or pick-up my child from First Baptist Church Avondale Estates:

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

FOR THE SAFETY OF YOUR CHILD/CHILDREN, AT PICK-UP, WE RESERVE THE RIGHT TO ASK FOR A DRIVER'S LICENSE FOR IDENTIFICATION PURPOSES.

I understand that my child will not be released into the custody of any person who is not listed on the above list.

Parent's Printed Name: _____ Date: _____

Parent's Signature: _____



FBCAE-APA Consent Form

Child's Full Name _____

My child has permission to participate in the Avondale Preschool Academy program at First Baptist Church Avondale Estates (FBCAE).

In the case of a medical emergency during school, I understand that reasonable efforts will be made to contact parents/guardians of the child. In the event that neither parent/guardian, nor the emergency contact person listed on the emergency form can be reached- I hereby grant the APA director, care providers, or volunteers present to select a physician, to hospitalize, or secure proper treatment and to order injection, anesthesia, or surgery for my child named above.

To the extent permitted by the law, I hereby release the APA at First Baptist Church Avondale Estates, its successors, assigns, employees, contractors, members and volunteers from any and all liability arising from APA, except in the case of intentional misconduct or gross negligence.

I have read all the information contained in this packet.

Parent's printed name

Parent's signature

Date

I hereby give permission for photographs and/or video of my child to be used by the First Baptist Church Avondale Estates to promote the Avondale Preschool Academy.

Parent's signature (Optional)

Date

Are you a member of FBCAE? Yes ___ No ___

Would you like to receive information about FBCAE membership? Yes ___ No ___