

## Winterville First Baptist Church

### Preschool Program

305 N. Church Street, Winterville, GA 30683

Telephone: 706-742-2921 Fax: 706-742-7377

[www.wintervillefbc.org](http://www.wintervillefbc.org)

Email: wfbcpreschool@gmail.com

We are excited about beginning registration for your child in the Winterville First Baptist Preschool Program for the 2024-2025 preschool year. Plans are already underway to make next year a great learning experience for your child.

Enclosed you will find an Application form and Parent Agreement form. The Application form and Parent Agreement form need to be filled out and returned along with the non-refundable registration fee and other applicable fees to the school as soon as possible to ensure your child's enrollment for the upcoming school year. We do enroll children on a first-come and first-serve basis. A current unexpired Immunization Form # 3231 MUST be signed by a physician and turned **in no later than the end of September.** Immunization Forms may also be faxed to 706-742-7377.

#### Information about next year:

##### 1 & 2-year olds ( Sept. 1, 2024)

Days:	Tuesday and Thursday
Time:	9:00 A.M. until 12:00 Noon
Registration Fee:	\$ 150.00 (Family Max \$260.00)
Monthly Tuition:	\$ 175.00 (\$5.00 Sibling Discount)

##### 3 & 4-year olds (Sept. 1, 2024)

Days:	Tuesday, Wednesday, and Thursday
Time:	9:00 A.M. until 12:00 Noon
Registration Fee:	\$150.00 (Family Max \$260.00)
Monthly Tuition:	\$205.00 (\$5.00 Sibling Discount)

If you prefer, the 2023-2024 tuition for the year for our 2 day a week program is \$1,575.00 (which does not include registration). Tuition for our 3 day a week program is \$1,845.00 (which does not include registration). If you pay the entire tuition for the school year, your child will receive a free school bag and red t-shirt.

**\*\* If you register before May 1, 2024, you receive a discounted registration fee! (1 child \$130.00 and 2 or more a family maximum of \$240.00)**

##### Mandatory Fees:

WFBC WEE School bags required for each student: \$10.00

WFBC WEE School red t-shirts required for all four year olds: \$10.00

(These t-shirts are optional for purchase for our 1, 2 and 3 year olds.)

**Open House: Thursday morning, August 29, 2024**

**First day of school: Tuesday, September 3, 2024**

You will be receiving a letter from your child's teacher in August. If you have any questions about the program, please don't hesitate to call (706-742-2921). We look forward to teaching your child.

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Winterville, GA 30683 (706-742-2921)

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### General Information:

Program applying for:

1-year old \_\_\_\_\_  
2-year old \_\_\_\_\_  
3-year old \_\_\_\_\_  
Pre-K/4-year old \_\_\_\_\_

Name \_\_\_\_\_ Name used at home \_\_\_\_\_

Allergies (Food, Insect, Medicine) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

County \_\_\_\_\_

Is there any evidence of the following: Hearing Loss \_\_\_\_\_ Vision Difficulties \_\_\_\_\_

Speech Impairments \_\_\_\_\_

School your child will attend kindergarten \_\_\_\_\_

Mother's E-mail Address (Please print legibly) \_\_\_\_\_

Father's E-mail Address (Please print legibly) \_\_\_\_\_

(This is our primary form of communication with parents.)

### Family Information:

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Number \_\_\_\_\_ Cell phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Number \_\_\_\_\_ Cell phone # \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Does child live with both parents: Yes \_\_\_ No \_\_\_ If no, list with whom child lives: \_\_\_\_\_

Names and Ages of other children in family \_\_\_\_\_

Other persons living in the home? \_\_\_\_\_

Previous preschool program attended \_\_\_\_\_

Church you attend \_\_\_\_\_

Talents or interest which either parent or guardian would like to share with the class \_\_\_\_\_

How did you hear about the WFBC Preschool Program? Friend \_\_\_ Ad \_\_\_ Marquee \_\_\_ Web \_\_\_

### Emergency Information:

Name of child's doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Person authorized to act for parents in emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

Persons authorized for pick-up:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

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### Parent's Agreement

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

1. We do (  ) do not (  ) give my permission for my child's picture to be published on the Winterville First Baptist Church Preschool website ([www.wintervillefbc.org](http://www.wintervillefbc.org)) and Facebook page.
2. We will cooperate with the Winterville First Baptist Preschool Program, seeing that our child is in good health every day that he/she attends, keeping him/her at home if the child shows symptoms of a cold, other illness, or fever within the last 24 hrs.
3. We understand that the Preschool Director and/or Preschool Committee reserves the right, upon examination of all credentials of a child, to decide whether our school meets the needs of the registrant. If the child, under the observation of teachers, and other qualified professionals, is having difficulty performing at an appropriate developmental age level, is having difficulty adjusting to school, or is disrupting the learning environment for other children, efforts will be made within the Winterville Preschool Program to resolve the situation for the optimal benefit for all parties involved. This may result in withdrawal from school if necessary. If there is information on the child's previous difficulties that were unknown or withheld from this application, and the problems become unmanageable, the child may not be allowed to return.
4. We understand that the school hours are from 9 A.M. to 12 Noon on Tuesday and Thursday for one-year olds and two-year olds, and Tuesday, Wednesday, Thursday for three and four-year olds. Children should not be brought to school prior to 8:55 A.M. A \$5.00 late fee will be charged for children who are picked up after 12:15 P.M., with a \$5.00 charge per each 15 minute increment per child thereafter.
5. We understand that the tuition for one-year olds and two year-olds is \$175.00 per month. Tuition for three and four-year olds is \$205.00 per month. **There are nine tuition payments due each school year, beginning the first week of September through the first week of May. Yearly tuition is divided evenly over nine monthly payments regardless of your child's illness, the holiday schedule, or the length of the month.** Tuition is due the **1st full week** of each month. Any check received after the first full week of the month must include a \$25.00 late fee. We further understand that no refunds will be made for withdrawals or absences during a month.
6. We understand that enrollment of our child is for the full school year. If my child must be withdrawn from Preschool during the school year, I understand that the current month tuition must be paid regardless of days left in the month.
7. **In case of an emergency, if parents or guardian cannot be reached, we give permission for medical treatment for our child which will be covered by our health insurance.**

8. We understand that only the authorized people we have listed on the application form will be allowed to pick up our child. Written permission is expected to release your child with anyone else, and positive identification may be requested before child is released.

9. I understand that the registration fee and monthly tuition payments are non-refundable.

10. We understand that as the child's legal guardian we will provide the school with a copy of any court orders if there are legal custody rulings.

11. We understand that the information submitted on this form is correct and true.

12. We understand that the school will make every effort to prevent accidents, but in the case of an accident, neither Winterville First Baptist Church nor the Winterville First Baptist Preschool Program will be held liable. **I also understand that if medical treatment is necessary, my child is covered by my health insurance.**

13. We will help provide a nutritional snack for our child's class on a rotating basis along with the other parents in our classroom. (Approximately 3-5 times a year.)

14. We, as parents, agree to work alongside the Preschool staff to provide a pleasant and positive learning experience for our child.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)