



January 29, 2019

Dear Parents:

Believe it or not, it is now time to register for the 2019-2020 School Year! Our weekday fills up quickly, so please hold your spot by filling out the information in this packet and returning it with the application fee. Here are the things you need to know to ensure your child has a space in next year's class:

- Registration is now underway.
- You must complete an application packet for each of your children.
- A \$50 non-refundable application fee must be submitted with your application. (\$20 for each additional child).
- Tuition for the upcoming year will be:
  - Two days—\$1400/year or \$140/month (\$25 snack fee due in Aug. and Jan.)
  - Four days—\$2250/year or \$225/month (\$35 snack fee due in Aug. and Jan.)
- **A one-month tuition deposit is due by July 15. Pay by May 31 and receive a \$10 discount on the deposit. Pay yearly tuition by May 31 and receive a \$50 discount per child.**

If you have any questions, please contact me! We sincerely hope that your child will be with us. We look forward to ministering to your family next school year!

Dathan Hale

Weekday Administrator

Email: [dathan@thefirstfamily.org](mailto:dathan@thefirstfamily.org)

Phone: 931-388-2655





2019-20 APPLICATION FOR ADMISSION

2790 Pulaski Hwy., Columbia, TN 38401

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

**A \$50 Registration Fee (\$20 for each additional child) is required for this application to be processed.**

CHILD'S FULL NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ GENDER:  Male  Female  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_  
MOTHER'S EMPLOYER (if applicable) \_\_\_\_\_ MOM'S CELL \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DAYS AND HOURS MOTHER IS AT WORK \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_  
FATHER'S EMPLOYER (if applicable) \_\_\_\_\_ DAD'S CELL \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DAYS AND HOURS FATHER IS AT WORK \_\_\_\_\_

COMPLETE THE FOLLOWING INFORMATION FOR OTHER CHILDREN LIVING IN THE HOME:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>GENDER</u>
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

RELIGIOUS AFFILIATION OF PARENTS \_\_\_\_\_

ARE YOU ACTIVE CHURCH MEMBERS?  Yes  No IF YES, WHERE? \_\_\_\_\_

INDICATE THE TYPE OF PROGRAM YOU WISH TO ENROLL YOUR CHILD:  
(NOTE: Hours of operation are Monday thru Thursday, 9:00 a.m. to 2:00 p.m.)

4 day (Monday - Thursday)  2 day (Tuesday & Thursday)

FOR OFFICE USE ONLY				
Date Application Received _____	Date Accepted _____			
Registration Fees Paid _____	Assigned Schedule	MTWR	MW	TR

**Tuition – Two days per week - \$140/mth, Four days per week - \$225/mth**

**EMERGENCY INFORMATION** (additional information on back of this form)

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

**OTHER THAN THE PARENTS OR GUARDIANS, WHO MAY WE CONTACT IN CASE OF AN EMERGENCY?**

Additional Contact #1

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

Additional Contact #2

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

**Medical Information**

CHILD'S PHYSICIAN(S) \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

KNOWN MEDICAL CONDITIONS \_\_\_\_\_

**Emergency Release Information**

In case of a medical emergency, every effort will be made to reach the child's guardians. Emergency medical treatment will be sought only in extreme cases after all efforts to reach parents have failed.

By my(our) signature(s) at the bottom of this page, I(We) hereby authorize the staff of First Baptist Church Weekday School and its agents to use whatever medical treatment is necessary in case of an extreme emergency and I(we) cannot be contacted.

**Custodial Parent Information**

DO BOTH PARENTS LIVE WITH THE CHILD?  Yes  No

PARENTS ARE:  Married  Living Together  Divorced  Separated  Widowed  Single

IS THERE ANY TYPE OF COURT-ORDERED CUSTODIAL ARRANGEMENT FOR THIS CHILD?  Yes  No

**If there is any type of court-ordered custodial arrangement for this child, you are required to provide copies of the custodial paperwork to First Baptist Weekday School prior to enrolling this child.**

By signing below, I (we) acknowledge that all of this information is true and accurate as of the date of my (our) signatures. If there are any changes, I (we) acknowledge that I (we) will provide changes to the staff of First Baptist Weekday School within two weeks of the change.

FATHER'S SIGNATURE (or legal guardian):

MOTHER'S SIGNATURE (or legal guardian):

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

## ABOUT YOUR CHILD

Child's special food needs: Allergies \_\_\_\_\_ Diabetic diet \_\_\_\_\_ Other \_\_\_\_\_

List any known food allergies: \_\_\_\_\_

If Child refuses to eat, how is this handled? \_\_\_\_\_

Requires help in: Dressing\_\_\_ Undressing\_\_\_ Toileting\_\_\_ Eating\_\_\_ Washing hands\_\_\_

Is Child toilet trained? Yes\_\_\_ No\_\_\_ Words used in toileting \_\_\_\_\_

Is Child toilet trained for napping time? Yes\_\_\_ No\_\_\_

Is Child accustomed to resting during the day? Yes\_\_\_ No\_\_\_ If so, how long? \_\_\_\_\_ From what times? \_\_\_\_\_

Special toy or blanket for resting? \_\_\_\_\_ Is this in backpack? \_\_\_\_\_ Does it need to go home daily? \_\_\_\_\_

Physical, emotional, or learning problems that we should be aware of: \_\_\_\_\_

Does Child have any special fears? Yes\_\_\_ No\_\_\_ If so, please explain: \_\_\_\_\_

When Child is upset, what helps to comfort him/her? \_\_\_\_\_

How does Child express anger or frustration? \_\_\_\_\_

Favorite toys, games, or activities: \_\_\_\_\_

What are some ways Child plays at home? \_\_\_\_\_

Does Child have opportunities to play with children from other families? Yes\_\_\_ No\_\_\_

How does he/she react in this situation? (Ex: sharing, cooperating, pouting, etc.) \_\_\_\_\_

Other information we should have concerning your child that would help us to understand him/her better? \_\_\_\_\_

What are your expectations of First Baptist Weekday School? \_\_\_\_\_

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*"I understand the information given will only be used to give the best possible care to my child, and will not be released to any one other than the Children's Pastor, Director, and my child's teacher."*

FATHER'S SIGNATURE (or legal guardian):

MOTHER'S SIGNATURE (or legal guardian):

\_\_\_\_\_

\_\_\_\_\_



# First Baptist Church Weekday School Transportation Plan

## RELEASE OF CHILD INFORMATION

Children will only be released to the primary guardians or those authorized by the list below. Please list the names of those who have your permission to pick up your child from the Weekday School: Please advise these persons, should they be called on to provide transportation for your child, to have a **photo identification card** with them. This will need to be checked before the child is released to them. This is for the protection of your child and to insure the integrity of our program.

\_\_\_\_\_ will be picked up each afternoon from First Baptist Weekday School and taken home by: (please list anyone who may pick up your child)

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_





**First Baptist Weekday School  
2790 Pulaski Highway  
Columbia, TN 38401**

**CHILD'S HEALTH HISTORY CHECKLIST**

<b>Child's name</b>	<b>Birthdate</b>	<b>Parent's/Guardian's Name</b>
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*The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer.*

**PREGNANCY AND BIRTH**

- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | 1. Were there any problems with pregnancy or your child's birth? |
| <b>YES</b> | <b>NO</b> | 2. Was his/her birth weight under 5 ½ pounds?                    |
| <b>YES</b> | <b>NO</b> | 3. Did the baby have any problems in the hospital?               |

**MEDICAL PROBLEMS**

- |            |           |   |
|------------|-----------|---|
| <b>YES</b> | <b>NO</b> | 4. Has your child ever been in the hospital overnight?  |
| <b>YES</b> | <b>NO</b> | 5. Is your child taking any medicine?   |
| <b>YES</b> | <b>NO</b> | 6. Any allergies or reactions to medicine, DPT or other shots, or insects?                      |
| <b>YES</b> | <b>NO</b> | 7. Has your child had asthma or wheezing?   |
| <b>YES</b> | <b>NO</b> | 8. Does your child have speech or hearing problems?   |
| <b>YES</b> | <b>NO</b> | 9. Has your child had more than two ear infections in a year?                                   |
| <b>YES</b> | <b>NO</b> | 10. Has your child had tonsillitis?   |
| <b>YES</b> | <b>NO</b> | 11. Does your child have trouble with his/her eyes or seeing?                                   |
| <b>YES</b> | <b>NO</b> | 12. Has your child had a bladder or kidney infection?   |
| <b>YES</b> | <b>NO</b> | 13. Does he/she have burning when urinating?  |
| <b>YES</b> | <b>NO</b> | 14. Does he/she have seizures, fits or shaking spells?  |
| <b>YES</b> | <b>NO</b> | 15. Have you ever been told your child has a heart murmur?                                      |
| <b>YES</b> | <b>NO</b> | 16. Is your child able to play as hard as other children?                                       |
| <b>YES</b> | <b>NO</b> | 17. Has your child ever had a bumpy, swollen reaction to the TB skin test?                      |
| <b>YES</b> | <b>NO</b> | 18. Has your child ever been with anyone having TB?   |
| <b>YES</b> | <b>NO</b> | 19. Has your child ever had worms?  |
| <b>YES</b> | <b>NO</b> | 20. Does your child scratch his/her genital area?<br>Is his/her bottom or genitals red or sore? |
| <b>YES</b> | <b>NO</b> | 21. Is your child a hemophiliac (free bleeder)?   |
| <b>YES</b> | <b>NO</b> | 22. Is your child on a heart monitor?   |
| <b>YES</b> | <b>NO</b> | 23. Does your child have tubes in his/her ears?   |

**GENERAL DEVELOPMENT**

- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | 24. Does your child get along with other children?                 |
| <b>YES</b> | <b>NO</b> | 25. Is he/she usually happy?                                       |
| <b>YES</b> | <b>NO</b> | 26. Does your child have any special problems not indicated above? |
| <b>YES</b> | <b>NO</b> | 27. When did your child last see a doctor?                         |

Month

Year



**First Baptist Weekday School**  
**2790 Pulaski Highway**  
**Columbia, TN 38401**

**WEEKDAY SCHOOL POLICIES**

1. The school will be open from 9:00 a.m. to 2:00 p.m., Monday through Thursday. In case of extreme emergency, parents must call the school for the child to remain past closing time. A fee of \$1 per minute will be imposed for children not picked up by 2:10 p.m.
2. A child may not remain at the school if he/she is thought to be ill. If a child becomes ill during the day, his/her parent will be called to come and take him/her home. Sick children cannot be cared for at the school.
3. All enrollment forms for the child must be completed by the parent and a current immunization record, signed by a health care provider, must accompany the child on admission. Each child must receive all immunizations at entry unless there is a signed religious waiver or medical reason certified by a health care provider as to why these immunizations should not be made.
4. Annual health examinations may be required and are the responsibility of the parent.
5. First Baptist Weekday School will **not** be responsible for administering medicine to your child. If your child requires medication, please schedule the medication so that your child takes it before and after school. If medicine must be administered during the school day, the parent, or an approved adult, must come and administer the medicine.
6. Parents will be promptly notified of the occurrence of a communicable disease among the school's children.
7. Parents must fill out an authorization form that gives persons other than the parent permission to pick up children.
8. Parents are responsible for sending child's lunch and beverage every day. (We ask that you send something from each of the 5 food groups.) **Because of the imminent choking hazard, hot dogs, cherry tomatoes, raw carrots, and grapes are not permitted. Also, no products containing nuts of any kind are allowed.**
9. Each child must have a seasonally appropriate change of clothing, clearly labeled with his/her name, to be left in backpacks for emergencies.
10. Outdoor play is an important part of our program. Please see that your child is suitably dressed to play outside (jacket) except in extremely bad weather. On sunny days, children will go outside as long as the wind chill is above 32° and as long as the heat index is below 95°. To assure the safety of all children, only tennis shoes will be permitted at Weekday school. **No other shoes will be allowed.**
11. Parents are to notify school of change in work or home phone number to reach you in an emergency.
12. Parents of children in diapers are responsible for providing enough disposable diapers to meet the child's needs during school hours. If disposable underwear is used, it must have Velcro fasteners.
13. Our tuition rates for the 2019-20 years are as follows:
  - 2 days/week - \$140.00/month
  - 4 days/week - \$225.00/monthTuition is due the first school day of each month. If tuition is not paid by the 15<sup>th</sup> of the month a \$25 late charge will be added. If payment is not made by the end of the month, the student is subject to dis-enrollment.
14. The school will follow the schedule of the Maury County School system. In case of inclement weather, the Weekday School will close when Maury County Schools close. If this occurs before the end of the school day, parents will be responsible for picking up children accordingly.

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**RECEIPT OF POLICY STATEMENT AND LICENSING REQUIREMENTS**

I have received a copy of the Policy Statement and a copy of the "Summary of Licensing Requirements for Childcare Centers."

\_\_\_\_\_  
Name of child in Weekday School

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Weekday School Staff

\_\_\_\_\_  
Date