



FIRST BAPTIST CHURCH KINDERGARTEN  
 P.O. BOX 609 Crystal Springs, MS 39059  
 601-892-3040

**Registration**

**FEEES**

Registration	Until 6/31/21	\$155.00
<i>(non-refundable)</i>	After 6/31/21	\$200.00

*The registration fee is paid at the time of registration to hold your child's spot for the following school year.*

Workbook Fees	2's	\$45.00
<i>(non-refundable)</i>	3's	\$60.00
	4's	\$90.00
	5's	\$95.00

A 6:00 dismissal has added for your convenience.

**Monthly Tuition K2**

11:30 dismissal	\$250.00 monthly (\$12.50 a day)
2:30 dismissal	\$380.00 monthly ( \$19 a day lunch fee included)
6:00 dismissal	\$ 520.00(26 per day) ( <i>Bi- monthly \$255</i> )

**Monthly Tuition K3, K4, K5**

11:30 dismissal	\$200.00 monthly(\$10 a day)
2:30 dismissal	\$380.00(\$19 a day <i>lunch fees are included</i> )
6:00 dismissal	\$510(25.50 a day) ( <i>Bi-monthly \$255</i> )

Late Fee	\$15.00
Drop-In Fee	\$15.00 each day
Lunch	\$ 5.00 each day
Play Day	\$10.00
Return Check Fee	\$25.00

**WE MUST HAVE A CURRENT 121 FORM AT THE TIME OF REGISTRATION**



**FIRST BAPTIST CHURCH KINDERGARTEN**  
 P.O. BOX 609 Crystal Springs, MS 39059  
 601-892-3040

**Registration**

<b>DIRECTOR USE ONLY:</b> Enrollment date: ___/___/___ Start Date: ___/___/___ Withdrawal: ___/___/___			
___ 11:30 Program	___ 2:30 Program	___ Drop-In	___ Early Morning
___ Book Fee Paid	___ Registration Paid	___ Class	

**Student's Name** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother**

**Father**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(If different)

**Address** \_\_\_\_\_  
(If different)

**Email Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home/Cell phone** \_\_\_\_\_

**Home/Cell phone** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**Work phone** \_\_\_\_\_

**Work phone** \_\_\_\_\_

Please list any **SPECIAL NEEDS** that your child may have: \_\_\_\_\_

Please list any **ALLERGIES** that your child may have: \_\_\_\_\_

**Read and INITIAL the appropriate answer to the following items:**

- |  |                |
|--|----------------|
| I have been informed that this Daycare Center does NOT provide liability insurance for my child: | ___ Yes ___ No |
| I have been given a copy of and have read the MSDH Regulation Summary for Parents:               | ___ Yes ___ No |
| I have been given and have read and understand the facility's Parent Handbook:                   | ___ Yes ___ No |
| Complete 121 Immunization Compliance Form is on file in the facility before the child attends:   | ___ Yes ___ No |
| A Birth Certificate ( <b>Long Form</b> ) is on file in the facility before the child attends:    | ___ Yes ___ No |
| A copy of the child's Social Security Card is on file in the facility:                           | ___ Yes ___ No |



FIRST BAPTIST CHURCH KINDERGARTEN  
P.O. BOX 609 Crystal Springs, MS 39059  
601-892-3040

**Registration**

**EMERGENCY CONTACTS**

Please list at least two (2) relatives or friends who may be contacted in the event of an emergency. We will contact these individuals when the parent or Guardian cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

**PICK-UP INFORMATION**

The following people have my permission to pick up my child from  
First Baptist Church Kindergarten:

1. Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

3. Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

4. Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

5. Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

6. Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

**Complete each of the following sections by INITIALING either yes or no:**

My child may be photographed at the child care center: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child's picture may be used in media, i.e., Facebook, newspaper, etc... \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take approved field trips sponsored by the center: \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: When children are transported in the church van, bus, or private automobiles or when they cross the street a separate field trip permission slip will be sent home for parents to sign. A child must have this permission slip signed prior to being permitted to go on a field trip.

The center may obtain emergency medical treatment for my child if needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Special instructions concerning your child if medical treatment is prohibited due to religious reasons.

\_\_\_\_\_  
\_\_\_\_\_



FIRST BAPTIST CHURCH KINDERGARTEN
P.O. BOX 609 Crystal Springs, MS 39059
601-892-3040

Registration

My child is toilet trained \_\_\_ Yes \_\_\_ No.

I understand that if my child is in 3k or older he/she should be potty-trained and able to take him/herself to the bathroom.

Please indicate below which option you are choosing for your child's attendance for the school year.

I want to enroll my child in the 11:30 program only. \_\_\_\_\_

I want to enroll my child in the 11:30 program with the option to drop-in. \_\_\_\_\_ (\$15 a day)

I want to enroll my child in the 2:30 program only. \_\_\_\_\_

I want to enroll my child in the 2:30 with the option to drop-in. \_\_\_\_\_ (\$22 a day)

I want to enroll my child in the 6:00 program only. \_\_\_\_\_

In completing this application for my child, it is my desire to have him/her complete the school year at First Baptist Church Kindergarten. It is my understanding that I am responsible for monthly tuition payments until the end of the school year or until my child is officially withdrawn from the kindergarten. I understand that it will be necessary to keep all accounts current and up to date. I also understand that it is the policy of First Baptist Church Kindergarten to make no refunds on registration and workbook fees.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record to be updated & signed by parent if NO changes (once a year):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_