



FBC Sylvania Weekday Preschool

214 S MAIN STREET
Sylvania, GA 30467
912-564-2395

Dear Parents,

Each of us at FBC Weekday Preschool is looking forward to the new school year! Every year brings more opportunities for fun, exciting activities, and learning with your children! There are some changes to our class offerings so please read over the options carefully.

Each child, whether new or returning, must have all the information listed below complete and returned with the enrollment packet to be able to register for preschool. Your child will not be registered if all forms are not completed and turned in.

Completed Registration Packet

Georgia Immunization Certificate #3231 OR Affidavit of Religious Objection to Immunization (Form 2208)

Registration Fee for Preschool (check payment only)

Children will not be allowed to register for preschool without all forms completed and turned in.

Enclosed you will find the 2026-2027 Enrollment Packet. You will be given a supply list before open house. The first day of school is Monday, August 3, 2026. **August's tuition is due by Monday July 13th.** If tuition is not received by July 13th, your child's spot will be forfeited and offered to the next family on the waitlist.

Thank you for entrusting your most treasured gift(s) to us! The staff and I are committed to keeping your children safe, loving them, playing with them, and teaching them while they are with us.

Thank you in advance for your cooperation with following our policies.

In His Love,

Jennifer Reddick

FBC Weekday Preschool Director

FBC Sylvania Weekday Preschool 2026-2027

STUDENT INFORMATION

Child's Name _____ (Male / Female)

Preferred Name _____ Date of Birth _____

How did you hear about us? Friends / Family / Social Media / Other:

Do you attend First Baptist Church Sylvania? (Yes/ No) If not, where? _____

Would you like more information about FBC Sylvania? (Yes /No)

REQUIREMENTS AT REGISTRATION

Completed registration forms

Immunization Form #3231 (non-expired)

Registration Fee (**CHECKS ONLY**: personal/cashiers/money order made payable to FBC)

Received by

Date

Registration Fee

Preschool	\$75
PreK-4	\$120

Amount Paid: _____

Check Number: _____

FBC Sylvania Weekday Preschool 2026-2027

STUDENT INFORMATION

Child's Name _____ (Male / Female)

Preferred Name _____ Date of Birth _____

FEES DUE AT REGISTRATION

THE REGISTRATION FEE IS NON-REFUNDABLE

PRESCHOOL - \$75

PRE-K4 - \$120

CLASS SELECTION

PLEASE SELECT THE PREFERRED CLASS FOR YOUR CHILD.

12-24MONTHS (PARENTS MORNING OUT) – MUST BE 12 MONTHS BEFORE SEPTEMBER 1

Monday & Wednesday (2 Day) \$175 per month

2 YEAR CLASS – Must be 2 before September 1

Monday, Wednesday and Friday (3 Day) \$175 per month

3 YEAR CLASS – Must be POTTY TRAINED and be 3 before September 1

Monday, Wednesday and Friday (3 Day) \$175 per month

4 YEAR CLASS – Must be POTTY TRAINED and be 4 before September 1

Monday - Friday (5 Day) \$265 per month

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GENERAL INFORMATION

Child's Name _____ Date of Birth _____

Known allergies, special needs, asthma, etc.: _____

Mailing Address: _____

Street Address (if different): _____

Child's Living Arrangements: Father Both Parents
 Mother Guardian Name: _____
Explain: _____

Email address to use for notices/reminders: _____

Dad's Name: _____ Mom's Name: _____

Dad's Email: _____ Mom's Email: _____

Dad's Cell: _____ Mom's Cell: _____

Dad's Employer: _____ Mom's Employer: _____

Dad's Work Phone: _____ Mom's Work Phone: _____

EMERGENCY CONTACTS AND AUTHORIZED PICK UP (Photo ID required for pickup)

Person(s) to contact in case of an emergency when parents cannot be reached. List adults who are authorized to provide medical consent and pick the child up from preschool. Please list one local person.

Name of Person	Relationship to Child/Parent	Address/ Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OTHER THAN THE PERSONS LISTED ABOVE, I authorize my child to be released by FBCWP to the following people. I will communicate and make sure the people listed below understand they must show a picture ID before they will be allowed access to my child.

Name of Person	Relationship to Child/Parent	Address/ Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My signature indicates that: (1) I have provided the above information; (2) I grant permission for use of the above information at school and on field trips; (3) I accept responsibility for notifying the FBCWP Director, in writing, of changes/updates in this information as it occurs.

Parent/Guardian Signature _____ Date _____

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Child's Name _____

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

FBC Weekday Preschool personnel shall not dispense non-prescription medications to a child without specific written authorization from the child's parent. I give FBC Weekday Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Please check all that apply.

Baby Wipes

Band-aids

Neosporin or similar ointment

Non-prescription ointment

(A&D, Destin, Vaseline – parent supplied)

Other (Please specify): _____

*All prescriptions and non-prescriptions taken by mouth will need an "AUTHORIZATION FOR MEDICATION FORM" which will include: date, child's name, name of medication, prescription number, dosage, date and time medication is to be given. Medicine must be in the original container with your child's name on it. Authorization forms are available from the Director.

Parent/Guardian Signature: _____ Date: _____

DISCLOSURE POLICY

We want to be fully informed to provide the best learning environment for your child. Parents are expected to disclose significant physical, medical, developmental, or psychological issues or concerns about your child prior to enrollment. If your child has a current IEP, please provide that information as well. Sometimes we may not be equipped to provide the best care based on your child's needs but can help get you connected with the proper resources.

Does your child have a significant physical, medical, developmental or psychological issue? (YES / NO)

If yes, please describe: _____

Is your child being evaluated for a physical, medical, developmental or psychological concern? YES / NO

If yes, please describe: _____

Does your child have a current IEP? (YES / NO) If yes, please provide a copy at registration.

CHILD PHOTO PERMISSION

(YES / NO) FBC Weekday Preschool can use photos taken of my child at FBC Weekday Preschool on the public preschool social media pages, church website, newspapers, brochures, magazines or other publicity materials. As well as posted in our preschool software: Brightwheel
Other photographs of your child will be used in memory books and other class related materials/keepsakes, unless you notify us that you do not agree.

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Child's Name _____

MEDICAL INFORMATION

Child's physician or name of clinic child attends: _____

Address: _____ Phone Number: _____

Does your child have any allergies of any kind (food, insect bites, etc.)? (YES / NO)

Does your child have physical issues, health problems, asthma, diabetes or developmental delays which would limit their participation in any activities? (YES / NO)

If YES, please give SPECIFIC instructions for care and medication below. An "Authorization for Medication" form must be signed before medication of any kind can be given. See director for this form.

Is your child currently on any medication(s) prescribed for long-term continuous use? (YES / NO)

If yes, please specify: _____

Are any special procedures required in caring for your child other than those listed above? (YES / NO)

If yes, please specify: _____

EMERGENCY MEDICAL INFORMATION

Should my child (given name) _____ Date of Birth _____ suffer an injury or illness while in the care of FBC Weekday Preschool and the staff is unable to contact me/us immediately, FBC Weekday Preschool shall be authorized to secure such medical attention and care for the child as may be necessary. I/We shall assume responsibility for payment of services rendered.

Parent/Guardian Signature _____ Date _____

FBC Weekday Preschool agrees to keep me informed of any incidents requiring professional medical attention involving my child.

ILLNESSES

If you are called by the school to pick up your child due to any illness of any kind (fever, rash, vomiting, nausea, and/or any other symptoms that warrant a call from the preschool), the parent agrees to keep their child home from school

AT LEAST 24 hours, even if your child shows no further symptoms to avoid the spread of any illness/disease. The parent agrees to keep the child home longer than the following school day if the symptoms still persist for a longer period of time. This is to help our school contain any and all illnesses that your child may carry. By initialing in the box to the left, you agree to this policy. We encourage you to read the parent handbook for further details on this issue.

My signature indicates that: (1) I have provided the above information; (2) I grant permission for use of the above information at school and on field trips; (3) I accept responsibility for notifying the FBCWP Director, in writing, of changes/updates in this information as it occurs.

Parent/Guardian Signature _____ Date _____

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Child's Name _____

Parental Agreement with FBC Weekday Preschool

Please initial in the box beside each statement showing that you agree, understand, and/or give permission.

- FBC Weekday Preschool agrees to provide care for my child on enrolled days from 8am - 12:00 noon.
- I understand it is my responsibility to pick up my children by 12:00 noon. Failure to do so will result in a charge of \$2/minute starting at 12:01pm.
- My child will not be allowed to enter or leave FBC Weekday Preschool without being escorted by the parent/guardian, person authorized by the parent(s), or FBC Weekday Preschool personnel.
- I/We acknowledge it is my responsibility to keep my child's records current. Any changes such as telephone numbers, work location, emergency contacts, or child's health status will immediately be given to the FBC Weekday Preschool Director in writing. It is also my responsibility to keep my child's immunization certificate up to date. ***If your child's immunization certificate is expired for longer than 30 days, he/she will not be able to return to preschool until a current certificate is obtained.**
- FBC Weekday Preschool agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.
- I understand that all children must be able to participate fully in our curriculum, without distracting other learners.
- We sometimes have animals visit the preschool for various learning opportunities. I consent to my child participating in the activities involving animals and release First Baptist Church of Sylvania, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the activity.
- I understand that children in the three year old and above classes must be reliably potty-trained. Our facilities are not equipped for diaper changing in these classrooms.
- Bright From the Start, Georgia's Department of Early Care and Learning, is charged with meeting the childcare and early education needs of Georgia's children and their families through licensure of childcare centers. Because of our half-day program, we are not licensed by Bright from the Start and are not required by the state to be licensed.

Parent/Guardian Signature: _____ Date: _____

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Child's Name _____

POLICIES AND PROCEDURES

Please initial in the box beside each statement showing that you agree, understand, and/or give permission.

TUITION

- All fees and tuition are due by the 1st of each month.
- No refunds will be granted for any reason.
- A late fee of \$35 will be assessed for any payment received after the 5th of the month, regardless of the day on which the 5th falls. No exceptions!
- Any child/children whose tuition is not paid by the 15th of the month can not return until the past due tuition plus late fee are paid in full.
- I agree if I withdraw my child/children from FBC Weekday Preschool and decide to re-enroll my child/children during the same school year there will be a \$50 program re-entry fee for each child.

SCHOOL CLOSINGS

Any time the Screven County School System closes due to professional days, weather, etc., FBCWP will also be closed. If closures happen for an extended period, we may resume school sooner than the public schools if our facility has power and can be appropriately staffed. You will be notified via Brightwheel, text and/or social media if this is the case. Additionally, the preschool is closed some days that Screven County Schools are not. Notice of closings will be shared in advance whenever possible.

EQUAL RIGHTS

FBC Weekday Preschool admits students of any race, color, gender, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at school. We do not discriminate on the basis of race, color, gender, national and/or ethnic origin in the administration of our educational policies, or admission policies.

PARENT HANDBOOK

A link to the 2026-2027 Parent Handbook can be found on FBC's website on the Weekday Preschool page. Please use it as a reference for more detailed information about FBC Weekday Preschool, our policies/procedures, objectives, and goals. Please initial in the box to the left acknowledging that you have read our Parent Handbook.

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Parent/Guardian Signature _____ Date _____