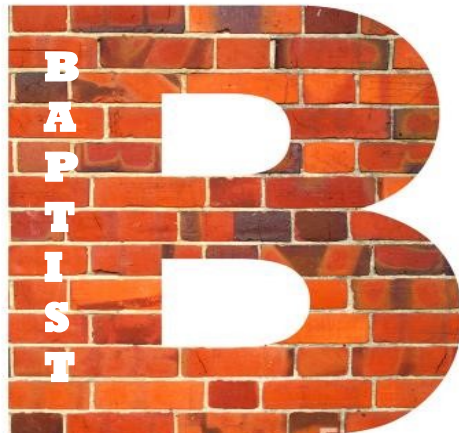




Building Children Up "God's Way" since 1966



**Vineville Baptist Morning School
Preschool & Kindergarten**



2591 Vineville Ave. Macon, Ga. 31204

(478)743-9366



VBMS

..building Children up, God's way since 1966.

Internal Use Only:

NAME: _____

Student ID #: _____

2K 3K 4K K

Class: M-F M/W/F T/Th

D.O.B. ____ / ____ / ____

Registration Fee Paid \$ _____ # _____

Monthly Tuition Due \$ _____ Discount _____

Immunization Form 3231 on file _____ Yes _____ No

Ear, Eye, Dental Form 3300 (Only 5K) _____ Yes _____ No

VBC Church Member Yes No VBMS Current Student Yes No

GENERAL INFORMATION

Class Requested: (M-F) (M/W/F) (T/Th)

D.O.B. ____ / ____ / ____ Age on Sept. 1st _____

Child's name to be used _____ Sex _____

First _____ Middle _____ Last _____

Home Address _____

zip code _____

Home Phone _____ Email _____

Mother's Name _____ Cell Number _____

Occupation _____ Work Place _____ Number _____

Special Info _____

Father's Name _____ Cell Number _____

Occupation _____ Work Place _____ Number _____

Special Info _____

Siblings Names/Ages _____

Others Living in Home _____

Child lives with _____ Both Parents _____ Mother _____ Father _____ Other

Are there any family situations the teacher should be informed about? _____

Previous Preschool/Program attended _____

Current Church Membership _____

Religious Affiliation _____

Special Requests _____

Would you like information about Vineville Baptist Church? Yes No

I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current.

PARENT / GUARDIAN SIGNATURE _____ **Date** ____ / ____ / ____

(Please Initial) _____ I give permission to VBMS to take pictures of my child to be used in artwork, class projects, bulletin boards, brochures, publications, VBMS website and FACEBOOK page.

_____ I give permission for VBMS to print my child's name, parents names and contact information in the form of a class roster for distribution to classmates.

PERMISSION FOR EMERGENCY CARE

Vineville Baptist Morning School staff has permission to obtain emergency medical treatment for my child.

Signature: _____

**In case of an emergency or illness
the best phone number to contact: #(_____)_____**

Name _____ Relationship _____

EMERGENCY INFORMATION

ALERT-Known Allergies _____

Child's Physician _____ **Phone** _____

Hospital to be used _____

Are there any medical, mental, or emotional concerns or any special need for your child? If so, please explain _____

Persons to be called in case of emergency or illness If we are unable to contact a parent:

Name _____ **phone** _____

Relationship to child _____

Name _____ **phone** _____

Relationship to child _____

AGREEMENT FORM

VBMS agrees to provide care from August-May, and will follow the Bibb County school calendar for holidays, with the exception of any extra days taken by VBMS. A VBMS handbook will be provided during Orientation/Open House that will list the calendar days and other necessary information.

(Please Initial)

_____ **I understand that the registration payment is non-refundable and is payable at the time of registration. Full payment of the registration fee and all completed forms are necessary to hold your spot in the program. The registration fee is not a tuition payment.**

_____ **I understand that the yearly tuition is prorated over a 10 month period. The fees are due on the 1st day of every month beginning July 1. Payments are late after the 15th and a late fee of \$20 is charged after this date. All fees are subject to change. A 10% discount on tuition fees for each additional sibling enrolled from the same family. The discount is applied to the sibling with the lowest tuition. (The 2nd child discount is applied to tuition installments only)**

_____ **I understand VBMS reserves the right to dismiss a child if, after entering the program, the child is unable to satisfactorily adjust in group experiences or disrupts the learning environment of the class or if necessary fees have not been paid.**

_____ **I understand that this signed contract is an official agreement to pay the disclosed tuition and fees associated with VBMS enrollment August-May. A \$200 fee will be charged if the child withdraws prior to fulfilling this agreement. Please submit a written request at least one month prior, explaining your need to withdraw your child from our program.**

_____ **I understand that Ga. State Law requires up-to-date immunization records for each child. I agree to furnish the school with a current (Form 3231) before the first day of school. (Kindergarten Students are required to provide a Ear, Eye, and Dental Form 3300 and Form 3231)**

Vineville Baptist Morning School Preschool & Kindergarten

Notice of Nondiscriminatory Policy as to students: Vineville Baptist Morning School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational and admissions policies.



Internal Use Only: NAME _____ Student ID# _____

Registration Paid\$ _____ D.O.B _____ / _____ / _____

Immunization 3231 on file: _____

Eye/ Ear form 3300 on file: _____

Handbook Agreement Form Returned _____

Carpool Agreement Form Returned _____ ID# Card Distributed _____



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*V*INEVILLE BAPTIST CHURCH