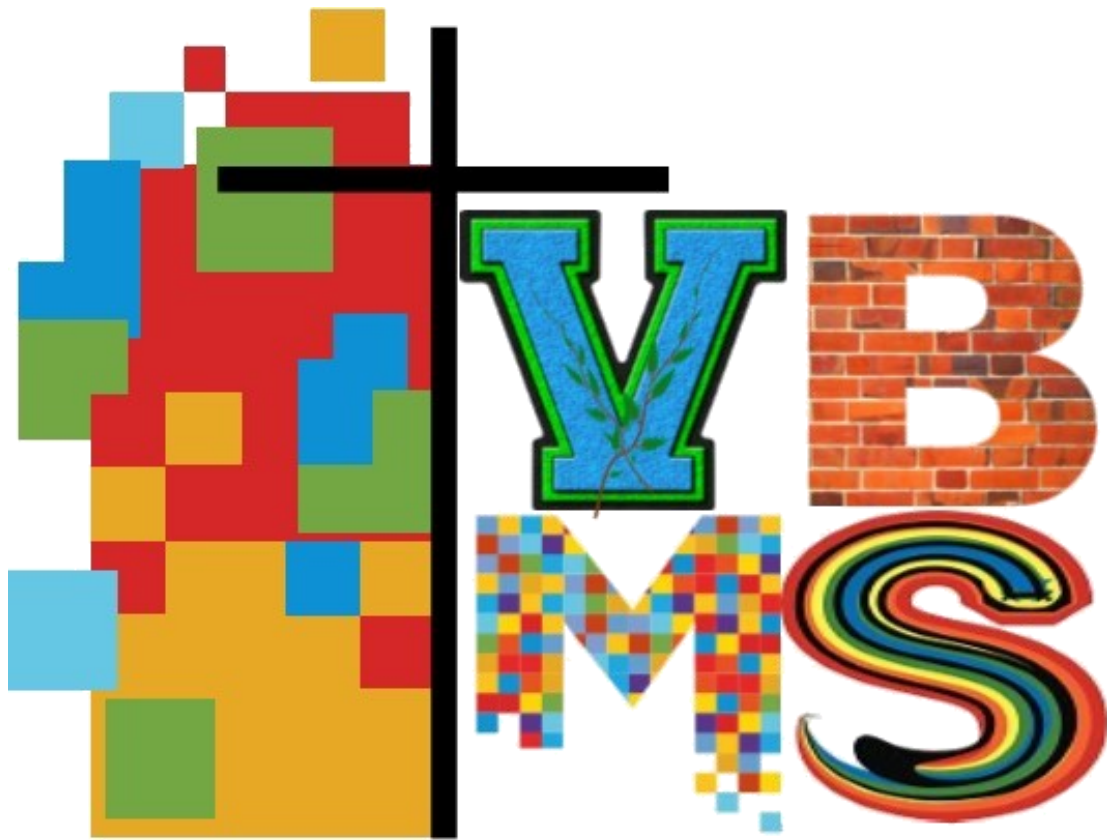


VINEVILLE BAPTIST MORNING SCHOOL PRESCHOOL & KINDERGARTEN

BUILDING CHILDREN UP "GOD'S WAY" SINCE 1966



TONIA BOYD, DIRECTOR

tboyd@vbcmacon.org

2591 Vineville Ave. Macon, Ga. 31204

(478)743-9366

STUDENT INFORMATION

Program Request: M-F (\$220/month) _____ M/W/F (\$185/month) _____ T/Th (\$160/month) _____

D.O.B _____ / _____ / _____ Age on Sept. 1st _____ Gender _____
MM DD YYYY

Full Name: _____
First Middle Last Goes By Name

Child's Physical Address: _____
Street Address City/State Zip Code

Allergies: _____

Special Needs (e.g. medical, mental, emotional): _____

Physician Name: _____ Physician Phone Number: _____

Hospital Preference: _____

FAMILY INFORMATION

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

EMERGENCY CONTACT

Who do we call if we can't reach the parent(s)/guardian(s) listed above?

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Are there any family situations the teacher should be informed about? No _____ If Yes, please explain,

Previous Preschool/Program attended _____

Current Church Membership _____

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. VBMS staff has permission to obtain emergency medical treatment for my child.

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

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 give permission to VBMS to take pictures of my child to be used in artwork, class projects, bulletin boards, brochures, publications, the VBMS website and Facebook page.

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

_____ 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 at open house on August 5, 2019. Payments are late after the 10th and a late fee of \$20 is charged after this date. All fees are subject to change. There is 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.

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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.



@VBMSLIFE

Internal Use Only:

Student Name: _____ Student ID #: _____

D.O.B _____ / _____ / _____

Program (*circle one*): 2K 3K 4K Kindergarten M-F M/W/F T/Th

Forms on file:

Application: _____

Art: _____

Carpool: _____

Emergency Closing Information: _____

Exemption: _____

Financial: _____

Form 3231, Certificate of Immunization: _____

Form 3300, Eye/Ear (Kindergarten Only): _____

Information Disclosure Release: _____

Nut Free Facility: _____

Parent Handbook: _____

Physical Education: _____

ID# Card Distributed: _____

Registration Fee of \$175.00 Paid: \$ _____ Cash _____ Check # _____

Monthly Tuition Due: \$ _____

Sibling Discount: No _____ Yes _____; If yes, sibling's name: _____