



## TABERNACLE BAPTIST PRESCHOOL REGISTRATION INFORMATION

Tabernacle Baptist Preschool offers a balanced program that engages children in knowing and showing Jesus' love, in developing age-appropriate social and emotional skills, and in learning Georgia standards for language and math skills and concepts. Our purpose is to offer families in our community a program that combines the highest standards in early childhood education within a safe Christian environment where children can grow spiritually, physically, emotionally, intellectually, and socially.

Tabernacle Baptist Preschool (TBP) is a weekday program for children ages 2-5 years old. The school is open Monday through Friday from 8:30 AM– 12:00 noon. An early arrival room is offered daily for 2-5 year olds beginning at 7:45 to 8:15. The Lunch Bunch program, which is a state-licensed program, provides extended care every day for 2-5 year olds from 12:00 noon until 3:30 PM; children staying in Lunch Bunch must be completely toilet-trained.

**TBP also offers a toddler program for children under the age of 2; toddlers should be steady on their feet and walking with little support.**

Admission to TBP is made without regard to race, color, creed, sex, or national origin. The preschool follows the State of Georgia age cutoff for enrollment in classes; the cutoff date is currently September 1<sup>st</sup>. A child must be the age of the enrollment class on or before September 1<sup>st</sup> for the child to be eligible for that age-level class. This practice allows the opportunity for progression each year through the end of preschool and into the public elementary schools.

### PROGRAMS AND FEES

Registration fees are due at the time of registration. Registration fees are determined by how many days your child attends so fees are either \$140, \$150, or \$190, and registration fees are non-refundable. Tabernacle Baptist Preschool is a self-supporting, non-profit organization, and is not subsidized by Tabernacle Baptist Church. The yearly cost for providing the educational program for your child is divided over 10 equal payments, which is one registration fee and nine months tuition.

#### Tuition is due by the first day of each month:

- All 2 Day Classes: \$140.00 (2 day classes are available for Toddlers- M/W or T/Th and 2yrs. & 3yrs.- T/Th)
- All 3 Day Classes: \$150.00 (3 day classes are available for 2yrs. & 3yrs. on M/W/F)
- All 5 Day Classes: \$190.00 (5 day classes are available for 2yrs., 3yrs., and 4's & 5's)

#### Additional Programs for 2-5 year olds:

- Early Arrival Room -- 7:45 AM - 8:15 AM -- \$5.00 a day
- Lunch Bunch -- 12:00 PM - 3:30 PM -- \$15.00 a day

#### On the day of registration, you are required to bring the following:

- Completed registration forms and the registration fee paid with either check or cash.
- A copy of your child's Birth Certificate
- A current Immunization form #3231--(make sure date has not expired)--form #3231 is available at the Carroll County Health Department or your physician's office.
- Current photo of your child; please write your child's name on the back of the photo (this picture will stay with the Preschool).

If you have questions, please contact Tabernacle Baptist Preschool at 770-834-4611 or email Lisa at [lisa.edison@tabernacle.org](mailto:lisa.edison@tabernacle.org) or email the director, Pam at [pam.smith@tabernacle.org](mailto:pam.smith@tabernacle.org)

# Tabernacle Baptist Preschool Registration Form

\_\_\_\_\_ School Year

150 Tabernacle Dr., Carrollton, Georgia 30117

770-834-4611

**Please Print Clearly**



Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

What name does your child go by? \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Child's age as of September 1, 2024? \_\_\_\_\_

Has your child attended Tabernacle before? \_\_\_\_\_

If yes, at what ages? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Does your child live in the city limits?      Yes      No

Mom's Name \_\_\_\_\_ Mom's Cell # \_\_\_\_\_

Mom's email \_\_\_\_\_ Mom's Work # \_\_\_\_\_

Mom's place of employment \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Dad's email \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Dad's place of employment \_\_\_\_\_

How many days a week are you registering your child for?    2 days      3 days      5 days

If you are registering a Toddler (ages 12 months to a year old), which days are you interested in?

Monday/Wednesday      or      Tuesday/Thursday

**\*\*Classes offered may be adjusted based on enrollment.**

# Lunch Bunch Parental Agreement

(Lunch Bunch is not available to TBP children in the Toddler room)

Lunch Bunch is a service provided by TBP Monday through Friday from 12:00 until 3:30pm during the school year.

I agree to abide by the policies & procedures of Tabernacle Preschool Lunch Bunch Program, which are outlined in the Parent Handbook. I understand that my child may be grouped with children who are 2, 3, 4, and/or 5 years of age. On days of inclement weather, my child has permission to play in the indoor playground and/or gym. I also confirm that my child is completely toilet-trained, meaning he/she does not wear diapers or pull-ups.

Parent Signature: \_\_\_\_\_

**\*Circle your preference:**      Daily Attendance                      or                      Drop-in Attendance

If regular attendance for Lunch Bunch, how many days a week? \_\_\_\_\_

## PARENT AGREEMENT

Yes No      I agree to read the Parent Handbook and abide by all of the policies set forth by Tabernacle Preschool. The parent handbook is located on the website at [tabernacle.org](http://tabernacle.org), once you go to the site you will click on the menu to locate the Weekday Preschool tab. We will also be glad to provide a hard copy to you at Open House.

Yes No      I give permission for my child's individual photo, classroom photos, and school activity photos to be used for school display and for keepsakes and mementos.

Yes No      I give permission for my child's individual/small group photos or videos to be posted to the Tabernacle Preschool Facebook page, and/or website for parent viewing. This includes closed, private class Facebook pages for parent viewing.

Yes No      Fall/Spring School Pictures: I agree for my child's individual and class photo to be taken by a Professional photographer chosen by the school. This will allow information from the photographer to come home to you for options to purchase.

Yes No      I give permission for my child's name and my name along with my contact number to be given to a room volunteer for coordinating class parties & activities and understand that personal information will NEVER be given over the phone.

Initial Below:

\_\_\_\_\_      I understand that Tabernacle Preschool will post **large group photos** from family nights, special events and programs to the Tabernacle Preschool Facebook page and/or website.

**“This is for parents of three and four year olds”** - I understand it is the policy of Tabernacle Weekday Preschool that all children in the three and four year-old classes must be potty-trained to enroll and/or continue in the program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Does your child live with both parents?      Yes                      No

\*If no, list with whom the child lives and describe any other information regarding either parent visiting classes or taking the child from school:

Names and ages of siblings that will also be attending Tabernacle Preschool:

What primary language does your child speak? English\_\_\_\_\_ Spanish\_\_\_\_\_Other\_\_\_\_\_

If other, what is the primary language spoken in the home? \_\_\_\_\_

In what ways do you expect our program to help your child? \_\_\_\_\_

\_\_\_\_\_

Has your child shown any evidence of hearing loss, vision difficulties, speech delays or developmental delays? Yes\_\_\_\_\_ No\_\_\_\_\_ \*If yes, please provide details so we can support your child:

\_\_\_\_\_

\_\_\_\_\_

Does your child receive any resource services or intervention including physical, occupational or Speech therapy? Yes\_\_\_\_\_ No\_\_\_\_\_ \*If yes, please provide details so we can support your child:

Is there anything about your child or family that you feel we need to know, so we may better meet the needs of your child?

EMERGENCY INFORMATION

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

List and explain any medical problems (example: food/environmental allergies, asthma, etc.)

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

List any medications your child takes on a regular basis \_\_\_\_\_

\_\_\_\_\_  
(please provide a medical update from your doctor if applicable)

In the event of an emergency, Tabernacle Preschool employees and/or agents will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for Tabernacle Preschool employees and/or agents to obtain emergency medical attention in case of sickness or injury to my child, \_\_\_\_\_.

I hereby grant permission to Preschool employees and/or agents to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary. In consideration for you allowing my child to participate in the Tabernacle Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Tabernacle Preschool, it's employees, agents, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Tabernacle Preschool, its employees, agents, or any supervisors appointed by them.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I understand that Tabernacle Preschool is a private, non-profit organization, is not licensed and is not required to be licensed by Bright from the Start/Georgia Department of Early Care and Learning.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I understand the registration fee is non-refundable and is not applied to tuition and that tuition is due by the 10th of each month which consists of nine equal payments- September through May. I also agree to read the Parent Handbook and abide by all policies related to late fees and processing fees.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT(S)/PERSON(S) TO WHOM CHILD MAY BE  
RELEASED**

I understand that my child will not be allowed to enter or leave the Tabernacle Baptist Church facility without being escorted by parent(s), person(s) authorized by parents, or facility personnel.

**Please write an \* mark beside responsible adults who we may contact if we are unable to contact parents.**

Name	Relationship to Child	Primary Phone Number

\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*

Date Received: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_

\*Waitlist(if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Administrative Signature Below ↓