



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

**Registration**

**FEES**

Registration	Until 6/30/24	\$155.00
<i>(non-refundable)</i>	After 6/30/24	\$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 <i>(non-refundable)</i>	2's	\$50.00
	3's	\$70.00
	4's	\$100.00
	5's	\$100.00

A 6:00 dismissal has added for your convenience.

**Monthly Tuition K2**

11:30 dismissal	\$270.00 monthly (\$13.50 a day)
2:30 dismissal	\$400.00 monthly (\$20 a day lunch fee is included)
6:00 dismissal	\$ 530.00(\$26.50 a day lunch fee is included)

**Monthly Tuition K3, K4, K5**

11:30 dismissal	\$220.00 monthly (\$11 a day)
2:30 dismissal	\$400.00(\$20 a day lunch fee is included)
6:00 dismissal	\$530(\$26.50 a day lunch fee is included )

Late Fee \$15.00

Drop-In Fee 11:30 - 2:30 or 2:30 - 6:00 \$20.00 each day

Lunch \$ 5.00 each

Return Check Fee \$25.00

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



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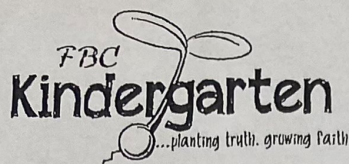
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Registration

DIRECTOR USE ONLY: Enrollment date: / / Start Date: / / Withdrawal: / /
11:30 Program 2:30 Program 6:00 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 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



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 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.

\_\_\_\_\_

\_\_\_\_\_