

TABERNACLE BAPTIST PRESCHOOL
2012-2013

Tabernacle Baptist Preschool has been in operation since 1957. Throughout these years, the Preschool has been an outreach ministry of Tabernacle Baptist Church. The purpose of our Preschool is to make every effort to offer families in our community a program that combines the highest standards in early childhood education with a Christian environment filled with love and family support.

Christian preschool education provides an opportunity for children to grow spiritually, physically, emotionally, intellectually, and socially. We recognize that each child is a gift from God and truly unique. We strive to provide a Christian, child centered, nurturing environment where children feel significant, successful, and experience a sense of belonging while practicing a variety of life skills. We offer children opportunities to socialize, investigate, play and express themselves independently as well as cooperatively in small groups. We encourage each child to participate in a variety of age-appropriate activities such as music, art, big church, language, beginning math concepts, science, field trips(4's and 5's), and exploring computers.

TBP offers classes for 2, 3, 4 & 5 year olds

TBP offers 2 day, 3 day, & 5 day programs for 2's and 3's,

3 day, & 5 day programs for 4's,

and a 5 day program for 5 year olds.

TBP operates September thru May; 8:30 a.m. until 12:00 noon

TBP offers extended care daily from 12:00 noon - 3:30 p.m.

in our Lunch Bunch program (\$10.00 per day)

TBP offers and Early Morning Room from 7:50 a.m. until 8:30 a.m. (\$2.50 per day)

TBP uses the City school system calendar as a guide for holidays

Tabernacle Baptist Preschool fees are as follows:

Monthly Tuition:

2 Days.....\$105.00

3 Days.....\$120.00

5 Days.....\$155.00

Registration Fees:

2 days.....\$105.00

3 Days.....\$120.00

5 Days.....\$155.00

All fees are non-refundable.

On the day of registration, you will need to bring the following:

- 1) Registration forms
- 2) Copy of Birth Certificate
- 3) Immunization form 3231
- 4) Current photo
- 5) Registration fee

Please fill out ALL of the information, including Lunch Bunch, even if you do not plan for your child to stay in the Lunch Bunch Program. We will have the required information on file if at any time you decide to send your child to Lunch Bunch.

Please do not fill out the spaces labeled Teacher or # of days. Your child's teacher will be assigned at a later date and number of days will be checked as you register. Please fill out the registration sheet completely, as this sheet becomes vital to us in case of emergency.

If you have any questions, please feel free to call me at the Preschool office at 834-4611.

In His Hands,
Cathy Mercier, Director



TABERNACLE BAPTIST PRESCHOOL REGISTRATION INFORMATION

Child's Name _____ Name Called _____ Teacher _____
Address _____ City _____ Zip code _____ # of Days 2 3 5
Date of Birth _____ Sex _____ As of Sept. 1st 2012 child's age will be _____
Has child previously attended Tabernacle Baptist Preschool? _____ At what ages? _____
Family Email Address _____

MOTHER'S NAME _____ Place of Employment _____
Address _____ Work address _____
Home phone _____ Work phone _____ Cell Phone _____ Beeper _____
Church Membership _____ Location _____ Marital Status _____

FATHER'S NAME _____ Place of Employment _____
Address _____ Work Address _____
Home phone _____ Work phone _____ Cell Phone _____ Beeper _____
Church Membership _____ Location _____ Marital Status _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE _____
DOCTOR'S ADDRESS: _____

EMERGENCY CONTACT(S) *(May turn to back of page to list additional emergency contacts)*

Name	Relationship to child	Phone number	Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PERSON(S) TO WHOM CHILD MAY BE RELEASED (other than parent)

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

Name	Relationship to child	Phone number	Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Emergency Medical Authorization

Should my child, _____, suffer an injury or illness while in the care of Tabernacle Baptist Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Known Medical conditions (diabetic, asthmatic, allergies, etc) _____

- Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; Rx number(if any); dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
- I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur: phone numbers, address, emergency contacts, child's health status, immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Lunch Bunch Parental Agreement

Will child be staying in Lunch Bunch on Regular Basis _____ or Drop-in Basis _____
TBP Lunch Bunch agrees to provide care for _____, _____ days a week 12 noon until 3:30 p.m. from Sept. to May. 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 for no more than 45 minutes.

I agree to abide by the policies and procedures of Tabernacle Baptist Preschool.

Signed _____ Date _____
(Parent/Guardian)

Signed _____ Date _____
(Director)

Registration fee is non-refundable (amount and check number): _____

Preschool Information Form

Child's Name _____ Phone _____

Address _____

Mother's Name _____ Father's Name _____

Siblings (Include ages) _____

History of serious illness or medical condition (if any) _____

History of any allergies (if any) _____

If your child is allergic to any foods please specify what your child can and cannot have: _____

What is your plan of action when your child comes in contact with the allergen? _____

Does your child receive any medications on a regular basis? _____

If your child has any medical conditions or allergies, is there anything TBP needs to be aware of in order to help your child have a safe and happy experience at preschool? _____

What are the ages and sexes of the children with whom your child has played most during the past year?

In what setting? (Home, neighborhood, church, daycare, etc.) _____

How well does your child interact with other children? _____

Tell us about the following:

Sleep habits (nap, Hours of sleep per night, bedtime) _____

Eating habits _____

Fears (how are they handled?) _____

Behavior habits (nail biting, thumb sucking, biting, tantrums, etc.) _____

Any other information that would be beneficial to us _____

Your child's favorite: _____

play activities, games, toys _____

TV Programs _____

Books and Stories _____

Activities to enjoy with his/her parent(s) or family _____

Family Pets: (list by type and name) _____

How do you discipline your child? _____

Do you read to your child? _____ How often? _____

Let us know of any ways you would like to be involved with the Preschool (Volunteer, Substitute teacher, share a special talent or interest with a class, other) _____



Video, Photograph Release Form 2012-2013

Many activities at Tabernacle Baptist Preschool provide opportunities for the staff, the children, and their families to be photographed or videotaped. Sometimes these videos and/or photos are used in our newsletter, in advertisements and stories in our local newspapers, in our slide show presentations and/or or church's web page.

As the parent or guardian,

I do _____ I do not _____
give my permission for my child _____, to appear on a video or photograph to be used in our preschool newsletter, in advertisements and stories in our local newspapers or in our slide show presentations.

As the parent or guardian,

I do _____ I do not _____
give my permission for my child _____, to appear on the Tabernacle Baptist Church web page in the preschool section.

*My child may be identified by first name only _____.

*My child may not be identified by name _____.

Address and Phone Number Release 2012-2013

Sometimes a parent may request phone numbers and addresses of the classmates in their child's room for birthday parties, to coordinate parties in the child's room etc. I give my permission to release this information understanding that personal information will NEVER be given over the phone and will only be used in publications according to the statement above (*).

Parent/Guardian

Date

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Carrollton, GA 30117

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