

**FIRST BAPTIST CHURCH OF CHICKAMAUGA  
MOM'S DAY OUT and PRESCHOOL**

Thank you for your interest in FBC MDO and Preschool! Please complete the registration form and return it with a non-refundable registration fee, a copy of your child's birth certificate, and proof of your child's up-to-date immunizations. A photocopy of an authorized birth certificate will suffice. Please mail the paperwork and registration fee to:

**First Baptist Church of Chickamauga  
MDO & Preschool  
P. O. Box 239  
Chickamauga, GA, 30707.**

In order to hold a spot for your child, we must receive the completed registration form and registration fee. Copies of birth certificates and immunization records are not required until August.

The first day of FBC Preschool will be Tuesday, September 4, 2018. The first day of Mom's Day Out will be Wednesday, September 5, 2018. Except for first and last days of school, our preschool follows the Chickamauga City School calendar and will follow all of their holidays, delays, and closures.

On Tuesday, August 28, 2018, please join us for Open House at 7:00pm. Parents and students are asked to meet in the sanctuary for an orientation time before being dismissed to the classrooms to meet the teachers, tour the facility, and complete any remaining paperwork.

If you need additional information or have questions before that time, please email the preschool office at [fbchickmdo@gmail.com](mailto:fbchickmdo@gmail.com). Or you may call the preschool office at 706-375-2829.

Again, thank you for your interest in our program! We are very excited about and thankful for the opportunity to serve you and your child in our FBC Mom's Day Out and Preschool programs!

**FBC CHICKAMAUGA MOM'S DAY OUT and PRESCHOOL  
Registration Information 2018-2019**

Child's full name \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of birth \_\_\_\_\_

Age as of September 1, 2018 \_\_\_\_\_ Was your child a full-term delivery, (born within two weeks of his/her due date)? Yes No

If no, at what gestation (in weeks) was your child delivered? \_\_\_\_\_ weeks

Home address \_\_\_\_\_

Home and/or cell phone(s) \_\_\_\_\_

Email \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Is/are the child's parent(s) a member of First Baptist Church of Chickamauga? Yes No

In case of emergency, please list at least three adults other than parents whom we could contact.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Who is/are the primary adult(s) transporting the child to and from school?  
\_\_\_\_\_

Is the child potty trained? Yes No Working on it

If the child is potty trained, does he/she need toileting help, such as fastening buttons and zippers and washing hands? Yes No Sometimes

Please list all allergies of the child. \_\_\_\_\_

Please list all routine medications taken by the child. \_\_\_\_\_

Please list any emergency medications the child may need, such as Epi-Pens, inhalers, etc.

---

Does your child speak in 2-3 word sentences? Yes No Sometimes

Does your child verbally express his/her feelings, such as "I don't like that," "I am sad," "I don't feel well."? Yes No Sometimes

Has your child ever received speech therapy, occupational therapy, and/or physical therapy?

Yes No

If yes, please detail when, where, what was the need for therapy, and whether your child is still receiving therapy.

---

---

---

---

If your child is currently receiving speech, OT, or PT, may we communicate with his/her therapist in regard to the child's treatment in order to better serve your child?

Yes No N/A

Please circle any of the following that pertain to your child and detail below.

Speech delay or deficit

Vision difficulty

Hearing difficulty

Gross or fine motor difficulties

---

---

---

---

Does your child need help feeding himself/herself? Yes No Sometimes

Does your child need help opening food containers, such as fruit snacks, ZipLok bags, etc.?

Yes No Sometimes

Does your child have a pacifier? Yes No Sometimes

Has your child ever been dismissed from a preschool, nursery, or any child care facility for behavioral reasons? Yes No If so, please explain. \_\_\_\_\_

---

Has your child ever bitten another person? Yes No Sometimes



**Please place a check in the blank beside the class for your child.**

\_\_\_\_\_ **Mom's Day Out:** 2 years old. Wednesdays, 8:00 – 11:45.  
\$25 registration fee, Tuition \$70/month

\_\_\_\_\_ **3 year old preschool program:** Monday, Tuesday, Thursday, 8:00 - 11:45.  
\$50 registration fee, Tuition \$135/ month.

\_\_\_\_\_ **4 year old preschool program:** Monday-Thursday, 8:00 - 11:45.  
\$55 registration fee, Tuition \$170/ month.

**Please read our policies. Then return this completed and signed form, along with the attached Emergency Medical Authorization, proof of up-to-date immunizations, a copy of child's birth certificate, and the non-refundable registration fee, to FBC Chickamauga MDO & Preschool, P. O. Box 239, Chickamauga, GA, 30707. Please make checks payable to FBC Chickamauga MDO & Preschool. Forms and payment may also be returned to the church office or preschool office at 603 W. 7<sup>th</sup> Street. Regular church office hours are 9:00-4:00, Monday -Thursday.**

**I HAVE READ AND AM IN AGREEMENT WITH THE POLICIES OF FBC CHICKAMAUGA MDO AND PRESCHOOL.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only.**

Signed registration form received \_\_\_\_\_

Registration fee received \_\_\_\_\_

Proof of immunization received \_\_\_\_\_

Emergency Medical Authorization received \_\_\_\_\_

Copy of birth certificate received/viewed \_\_\_\_\_

Personal Identification Number assigned \_\_\_\_\_

PIN provided to parent \_\_\_\_\_

