

PRE-REGISTRATION INFORMATION 2009-2010 SCHOOL YEAR

Lawrence Drive Baptist Church

5774 School Road

Macon, Georgia 31216

(912) 788-2571

Please check one of the following to indicate which class your child will attend:

- _____ Two (2) Year Old Class—Tuesday/Thursday
(8:45 AM - 12:15 PM)
- _____ Two (2) Year Old Class—Monday/Wednesday
(8:45 AM - 12:15 PM)
- _____ Two (2) Year Old Class—Monday-Thursday
(8:45 AM - 12:15 PM)
- _____ Three (3) Year Old Class—Monday/Wednesday/Friday
(8:45 AM - 12:15 PM)
- _____ Three (3) Year Old Class— Tuesday/Thursday
(8:45 AM– 12:15 PM)
- _____ Three (3) Year Old Class—Monday through Friday
(8:45 AM - 12:15 PM)
- _____ Four (4) Year Old Class—Monday through Friday
(8:45 AM - 12:15 PM)

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular/Car Phone: _____

Person to contact in case of an emergency: _____

Relationship to the child: _____ Phone #: _____

Child's Name: _____

Child's Date of Birth: _____

*Pre-registration/supply fee for 2 year olds is \$85.00 (Due with the application).

*Monthly tuition for 2 year old 2 day program is \$98.00 per month (Due by the first of each month).

*Monthly tuition for 2 year old 4 day program is \$196.00 per month (Due by the first of each month).

*Pre-registration/supply fee for 3 year olds is \$85.00 (Due with the application).

*Monthly tuition for 3 year olds is \$125.00 for 5 day program, \$115.00 for 3 day class per month and \$98 for a two day class per month.

(Due by the first of each month).

*Pre-registration/supply fee for 4 year olds 5-day program is \$85.00. (Due with the application.)

Monthly tuition for 4 year olds is \$130.00 for 5 day program per month.

(Due by the first of each month.)

NO REFUND ON PRE-REGISTRATION/SUPPLY FEE.

CHILD INFORMATION SHEET

Lawrence Drive Baptist Church Kindergarten
5774 School Road - Macon, GA 31216
(478) 788-2571/ (478) 788-9194

Please complete the following information sheet about your child so we might better understand him/her.

1. Does he/she have any fears? Please state them: _____

2. What factors contribute to child's fears? _____

3. What are his/her reactions to strangers? _____

4. What are his/her reactions to other children? _____

PLAY LIFE

1. Describe types of play he/she enjoys: _____

2. What are his/her favorite toys and special interests? _____

3. Does he/she play with other children? _____

4. Can he/she entertain himself/herself? _____

HOME LIFE

1. Can he/she care for himself/herself?
(A) Dressing _____ (B) Toileting _____ (C) Brushing Teeth? _____
2. What are his/her sleeping habits?
(A) Hours per night _____ (B) Naps _____
3. Food likes and dislikes: _____

CHILD CARE IMMUNIZATION CERTIFICATE

We are required by law to have on file a current Immunization Record for each child enrolled in our kindergarten. Please request an Immunization Record from your child's doctor or the medical facility where your child received his/her shots. The form received should state that your child has had the necessary immunizations and has no communicable diseases. Form 3231 should be presented to your child's teacher.

This record is for the protection of **your** child. Please mail the form in to the church office or turn it in to your child's teacher the first day of school.

APPLICATION FOR ADMISSION

Lawrence Drive Baptist Church Kindergarten
5774 School Road - Macon, GA 31216
(478) 788-2571/ (478) 788-9194

Child's Full Name: _____

Name by which child is called: _____

Present age: _____ Date of Birth: Month _____ Day _____ Year _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Father's Name: _____ Occupation: _____

Address (if different): _____

Mother's Name: _____ Occupation: _____

Address (if different): _____

Home Phone: _____ Work Phone: _____

Cellular/Car Phone: _____

In case of an Emergency, please call: _____ (Other than parent)

Phone: _____ Backup: _____

Names and ages of brothers and sisters: _____

Church Affiliation: _____

If none, Denominational Preference: _____

Physical and/or emotional problems about which the teacher should know: _____

What immunizations has the child had? _____

What diseases has the child had? _____

Does your child have any allergies? _____

If so, to what? _____

Family Physician: _____ Phone: _____

Children MUST BE POTTY TRAINED and able to take care of his/herself for 3 & 4 year programs.