

Please do not write in this box.

Annual Registration Fee \$110
Paid <input type="checkbox"/> Cash receipt No. _____ Date _____
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Date Paid _____

Registration Form

# Cornerstone Preschool Ministry

The First Baptist Church in Thomson, Georgia, Inc.

253 Jackson Street, P. O. Box 1205  
706-595-4252 Fax: 706-597-0668

[www.firstbaptistthomson.org](http://www.firstbaptistthomson.org)

Today's date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Child's Address \_\_\_\_\_

2. Who does the child live with?  Father  Mother  Both Father & Mother  Other \_\_\_\_\_ Father's

Father's Place of Employment \_\_\_\_\_ Work home \_\_\_\_\_

Other numbers to contact Father: pager: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

Other numbers to contact Mother: pager: \_\_\_\_\_ Cell phone: \_\_\_\_\_

3. Church Membership \_\_\_\_\_

Would you like to receive information regarding First Baptist Church of Thomson?  yes  no

4. Persons in your household

Please list the names and relationships to the child of all persons living in the child's household.

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **DUE AT REGISTRATION: NON-REFUNDABLE REGISTRATION FEE OF \$110.** This registration fee is in addition to the monthly tuition. A copy of your child's immunization record on Georgia Department of Human Resources Form 3231 should be attached to this application. No child will be admitted without an up-to-date record.

6. Emergency contacts

Please list below the name, address and telephone number of two persons who may be contacted in case of emergency and we cannot reach the parent.

Name \_\_\_\_\_

Phone numbers \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_

7. Agreement

I agree in the event of an accident or the illness of my child while at school, if I cannot be immediately contacted, the personnel of the first Baptist Church Cornerstone Preschool Ministry authorized to use their discretion in obtaining medical assistance for my child.  Yes  No

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

If possible the school should contact:

\_\_\_\_\_  
*(Local doctor)*

\_\_\_\_\_  
*(Office address)*

\_\_\_\_\_  
*(Office phone)*

\_\_\_\_\_  
*(Home phone)*

8. Other medical information Cornerstone Preschool Director and teachers need to know about my child. (ie. food or insect allergies, asthma or other breathing problems or general health matters.)

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

9. Additional Agreement

I agree to assume full responsibility for paying all medical expenses incurred under this provision.

Yes  No

\_\_\_\_\_  
Both Parents' names

\_\_\_\_\_  
Date

10. Understanding

I have read, understand and accept the policies and procedures attached to this form.

\_\_\_\_\_  
Both Parents' names

\_\_\_\_\_  
Date