



2020-2021 FBA Preschool Registration Form

www.fbacovington.com

Babies 6-12 mths M/W \$175	1 Yr Class T/Th \$175	Younger 2 Yr Class M/W \$175	Older 2 Yr Class T/W/Th \$190	3 Yr Class T/W/Th \$190	3 Yr Class M-Th \$205	Pre-K 4 M-F \$220

*Please mark class for which your child is registering

Child's Full Name _____ Name child uses _____

Birthdate ___/___/___ Male _____ Female _____ **Age as of September 1** _____

Parent email _____ Home phone _____

Home address _____ City _____ Zip _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Father's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Does your family have a home church? _____ If so, name of church _____

Child T-shirt size (3 year old and 4 year old classes only):

Youth XS Youth S Youth M Youth L

The following person(s) have my permission to pick up my child from preschool or in the event of an emergency and the parent/guardian cannot be reached. A picture I.D. will be required.

Name	Phone/Cell	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custodial Parent(s) ___ Both ___ Father ___ Mother



When custody of child is in question, FBA must act in accordance with rulings of court. All Legal documentation **must** be on file in school office.

Please check ___ Yes or ___ No for permission to include address/phone on class list

Please check ___ Yes or ___ No for permission to use photos of child for use in ads/social media

Medical Information:

Pediatrician _____ Phone _____

Known Allergies: _____

Is your child taking any medication on a regular basis? ___ If yes, please note here

Does your child have any health concerns we should be aware of?

I hereby give permission for the staff of First Baptist Academy and/or any necessary medical personnel to meet the needs of my child in the event of an emergency.

Parent Signature _____ Date ___/___/___

Please direct any questions to Julie Harpe or Patty Cates in the FBA office (770)784-7570.

I understand that it is the policy of FBA to give no refunds or transfer registration fees.

Parent Signature _____ Date ___/___/___

Please attach birth certificate, current immunization (GA form 3231) and registration fee to complete your child's registration (registration fees listed on reverse side).

First Baptist Academy
1139 Usher Street NW
Covington, GA 30014

Please note upcoming fees and payments:

August- 1st month tuition and FACTS service fee

September- 2nd month tuition and school fee (a one-time fee for the year)

