

Ringgold First Baptist Pre K and Learning Center
7611 Nashville Street Ringgold, GA 30736
706-935-6501

2008-2009 School Year

Child's Full Name _____ Name Child is Called _____ Sex _____ Age _____ Birth date _____

Home Address _____ Home Telephone _____

Father's Name/Address/Telephone _____

Father's Place of Employment/Address of Employment/Business Telephone _____

Mother's Name/Address/Telephone _____

Mother's Place of Employment/Address of Employment/Business Telephone _____

Child's Legal Guardian(s): _____ Both Parents _____ Mother _____ Father _____ Other _____

Child's Living Arrangements: _____ Both Parents _____ Mother _____ Father _____ Other _____

Church Affiliation _____ Previous Preschool _____

Please place a check on the schedule you will need - The 3 day week operates on Tue, Wed., Fri

8 am - 12 noon: 5 days/ week _____	\$200.00 per month
8am - 12 noon: 3 days/week _____	\$180.00 per month
7 am - 4 pm: 5 days/ week _____	\$345.00 per month
7 am - 4 pm: 3 days/week _____	\$320.00 per month
7 am - 12 noon: 5 days/week _____	\$235.00 per month
7 am - 12 noon: 3 days/week _____	\$190.00 per month
8am - 4 pm: 5 days/week _____	\$345.00 per month
8 am - 4 pm: 3 days/week _____	\$320.00 per month

The following fees apply on a drop in basis, meaning less than 4 times per month.

Occasional afternoon stay until 2:00 _____	\$5.00 per afternoon
Occasional afternoon stay until 4:00 _____	\$10.00 per afternoon

Emergency Contact (other than parent) _____

Telephone: _____ Relationship to child: _____

Child's Physician & Telephone Number: _____

Hospital Physician Uses: _____

My child is currently on the following medication(s) prescribed for long term continuous use: _____

My child has the following allergies and/or health concerns: _____

My child has the following special needs: _____

My child may be released to the following people (in addition to parents):

Name

Address

Telephone

I certify this information is correct to the best of my knowledge. I agree to pay a NON-REFUNDABLE registration fee of \$75.00 with this application.

Parent/Guardian _____

Date _____

“OUR MAIN OBJECTIVE IS TO BUILD A GOOD SELF IMAGE IN EVERY CHILD”