



**2018 - 2019 INGLESIDE  
WEEKDAY PRESCHOOL  
CHILD REGISTRATION**

834 Wimbish Road, Macon, Georgia 31210  
phone: 478.330.5115 email: eturner@ingleside.org

Please  
complete  
all pages.

**General Information:** Child's Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (e.g., Jr.) \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

**Parents / Guardians:**

Marital Status _____	Church Affiliation _____
Father's Last Name _____	First Name _____
Father's email _____	Cell _____
Occupation _____	Work Phone _____
Mother's Last Name _____	First Name _____
Mother's email _____	Cell _____
Occupation _____	Work Phone _____

**Local Emergency Contacts Other than Parents:**

Name _____	Phone _____
Relationship to Child _____	Cell _____
Authorized to pick up child from program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Phone _____
Relationship to Child _____	Cell _____
Authorized to pick up child from program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Information:**

Sibling(s) \_\_\_\_\_  
 Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 *Ingleside's WPS has my permission to post my child's allergies in the classroom if needed. (If yes, check box.)*  
 Medical conditions or other important information \_\_\_\_\_

**Weekday Preschool Program Preference**

**2018 - 2019 School Year**

2K  M / W \$130.00  T / Th \$130.00  Friday \$40.00\*  
 2K  Monday - Friday \$210.00  
 3K  M / W / F \$165.00  Monday - Friday \$210.00  
 4K  M / W / F \$165.00  Monday - Friday \$210.00  
 5K  Monday - Friday \$255.00

\* No registration fee for Fun Friday

*Tuition payment is due by the tenth of each month, or you will be charged a **late fee of \$20.00**. Checks should be made payable to "Ingleside WPS." Please remember to write the student's first and last name in the memo line.*

**Payment Amount** \_\_\_\_\_  **Cash**  **Check #** \_\_\_\_\_

**Weekday Preschool Program Requirements**

- A spot is reserved for your child upon receipt of the completed registration form and payment of the registration fee. The registration fee is a separate fee and does not apply towards tuition. The registration fee is non-refundable. This fee is equivalent to the monthly tuition. If you find that you are unable to keep this spot, please notify the director as soon as possible.
- **A current copy of your child's immunization records and birth certificate must be on file with the preschool office before the first day of WPS.**
- I, \_\_\_\_\_, also acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning, and this program is exempt from state licensure requirements.

# 2018-2019 Registration Form



**INGLESIDE WEEKDAY PRESCHOOL**  
*touching the lives of children with God's love*

## Authorization for Medication

(please initial on each line to authorize administration of medicines)

With prior consent, I authorize the administration of the following medications to my child during preschool hours when needed:

Children's Tylenol (given as directed on bottle) \_\_\_\_\_

Children's Benadryl (given as directed on bottle) \_\_\_\_\_

Topical Creams (used as directed for minor scrapes, burns, bug bites, etc.) \_\_\_\_\_

EpiPen (labeled with expiration date and child's name and provided to Director by parent) \_\_\_\_\_

## Medical Authorization and Release

I, who by law may do so, authorize the administration of emergency medical treatment to him/her who is subject of this form. I understand that all reasonable safety precautions will be taken at all times by Ingleside Baptist Church or its agents in the event of any accidents, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the parent or local emergency contact person given on this form.

I hereby release Ingleside Baptist Church, its staff, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the Weekday Preschool year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Media Release

I, \_\_\_\_\_, hereby grant Ingleside Baptist Church an irrevocable license to use photographs and/or video for television or print advertisement promoting Ingleside Weekday Preschool and/or Mother's Morning Out only. I acknowledge that Ingleside Baptist Church is under no obligation to use my child's likeness.

I agree that there are to be no fees, commissions, or royalties paid to me for the use of my child's likeness. I acknowledge and agree that I have the exclusive right and authority to grant this license to use my child's likeness.

Signature \_\_\_\_\_ Date \_\_\_\_\_